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RHONDDA



BOROUGH

ANNUAL REPORT

1970

MEDICAL OFFICER
OF HEALTH
AND
BOROUGH SCHOOL
MEDICAL OFFICER

R. B. Morley-Davies, M.B. BCh, BSc, D.P.H.

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R H O N D D A B O R O U G H C O U N C I L

HEALTH AND WELFARE DEPARTMENT

A N N U A L R E P O R T

1 9 7 0

R. B. MORLEY-DAVIES
M.B., B.Ch., B.Sc., D.P.H. (Part year)

and

JOY A. MASON
M.B., B.Ch., B.Sc., D.P.H. (Part year)

Medical Officers of Health.

HEALTH, HOUSING AND SOCIAL SERVICES COMMITTEE

THE MAYOR	-	COUNCILLOR (MRS) G. ELLIS
THE DEPUTY MAYOR	-	COUNCILLOR C.R. POWELL, B.E.M.]
" " "	-	ALDERMAN B. J. JONES (part year)

CHAIRMAN

ALDERMAN D. MURPHY

VICE CHAIRMAN

COUNCILLOR L. G. JONES

MEMBERS:-

COUNCILLOR A. TRUE

"	(MISS) A. M. BOXALL
"	D. LEWIS
"	D. L. THOMAS
"	R. J. ASHMAN
"	(MRS.) P. H. GARD
"	J. GWYN
"	W. J. GODFREY
"	(MRS) M. E. COLLINS

Staff of the Health and
Welfare Department

Medical Officers of Health

R. B. Morley-Davies, M.B., B.Ch., B.Sc., D.P.H. (Part year)
Joy A. Mason, M.B., B.Ch., B.Sc., D.P.H. (Part year)

Deputy Medical Officer of Health

Joy A. Mason, M.B., B.Ch., B.Sc., D.P.H. (Part year)

Medical Officer

S. Sarkar, M.B., B.S. (Calcutta)

Sessional Medical Officers

J. G. Mason, M.B., B.Ch., B.Sc.
N. C. Osborne, M.B., B.Ch.
A. L. Alban, M.R.C.S., L.R.C.P. (London)
G. Evans, M.R.C.S., L.R.C.P., F.P.H.
J. Williams, M.B., B.Ch., D.A., B.Sc.
A. A. Khallaf, M.B., (Cairo) D.T.M.+ H. (England) L.M.S.S.A. (London)
F. Soper M.B., Ch.B.
W. M. Clifford, L.R.C.P.+S.I.
A. M. Lloyd, M.B., B.Ch.
R. B. Munro, M.B., B.Ch.

Area Dental Officer

M. J. James-Ap-John, L.D.S., R.C.S.

Senior Dental Officer

D.T.Hoskins, B.D.S.

Sessional Dental Officer

A. R. Owen, L.D.S., R.C.S.

Chief Public Health Inspector

C. J. Bumford, T.D., M.A.P.H.I., M.R.S.H., A.M.I.P.H.E.

Chief Clerk

Selwyn Davies

Administrative Assistant (Health Services Section)

Glanffrwd Evans, A.C.I.S.

Area Welfare Officer (Welfare Services Section)

Mrs. Eurfron Evans (Certificate in Social Work)

Nursing Officer (Midwifery and Home Nursing)

Miss Iris Jones, S.R.N., S.Cm., S.R.F.N.
Queen's Nursing Certificate

Nursing Officer (Health Visitors/School Nurses)

Miss Betty Owen S.R.N., S.C.M., S.R.F.N.
H.V. Certificate.

Home Help Organiser

Miss M. E. Bowen, S.R.N., S.C.M.

Senior Chiropodists

W. J. Jones
Miss S. Davies

Health Welfare Officers

E. J. Powell, (Certificate in Social Work)
M. John, M.H.P.
W. A. Evans, R.M.N.S.
M. D. Edmunds, S.R.M.N.
M. A. Chaudhry - Certificate in Social Work

Supervisor - Junior Training Centre

Mr. D. T. James, R.N.M.S.

Public Analyst

L. E. Coles, B.Pharm., P.H.D., F.P.S., F.R.I.C.

C O N T E N T S

<u>ENVIRONMENTAL HEALTH SERVICES</u>	<u>Page</u>
Statistical Summary	2
Population	5
Births	5
Infant Mortality	5
Deaths	6
Water Supply	11
Drainage and Sewerage	12
Closet Accommodation	12
Public Cleansing	12
Sanitary Inspection of Areas	12
Premises and occupations controlled by	
Byelaws, Regulations or Orders	14
Common Lodging Houses	14
Shops	15
Offices, Shops and Railway Premises Act	16
Accidents in Offices, Shops, etc.	18
Improvement Grant Scheme	20
Factories	20
Rag Flock and Other Filling Materials Act, 1951	22
Swimming Baths	22
Insect Infestation	23
Rats and Mice Destruction	23
Public Mortuaries	26
Scrap Metal Dealers	26
Legal Proceedings	26
Riding Establishments Acts, 1964 and 1970	27
Animal Boarding Establishments Act, 1963	27
Noise Abatement	28
Provision of houses by Council	29
Nuisance and defects remedied	30
Housing Statistics	33
Rent Act, 1957	34
Slum Clearance	35
Milk	36
Milk supplied - Brucella Abortus	37
Ice-Cream	37
Meat	38
Other Foods	39
Poultry Processing	40
Unsound Food	40
Food and Drugs Act	40
Control of Food and Food Premises	43
The Liquid Egg (Pasteurisation) Regulations, 1963	44
Pesticide residues in foodstuffs	44
Incidence of certain Infectious Diseases	45
Tuberculosis	48
Services for the Aged	49
Laboratory Facilities	51
Hospital Facilities	51
National Assistance Act, 1948 - Section 47	51

PERSONAL HEALTH SERVICES

Page

Scheme of Delegation	53
Antel-Natal Care	54
Unmarried mothers	55
Health Centres	57
National Health Service (Family Planning)	
Act, 1967	57
Cervical Cytology Service	60
Infant Welfare Clinic	61
Dental Treatment	62
Testing for phenylketonuria	65
Midwifery Service	65
Health Visiting Service	66
Nurseries and Child Minders Regulations	
Act, 1948	69
Home Nursing Service	70
Vaccination and Immunisation	72
Prevention of Illness-Care and after-care ..	75
Prevention of Accidents	77
Problem Families	78
Tuberculosis	79
Chiropody Service	82
Provision of Convalescence	84
Home Help Service	85
Mental Health Service	86

WELFARE SERVICES

90

T A B L E S

ENVIRONMENTAL HEALTH SERVICES

	<u>Page</u>
TABLE 1 Deaths of infants under 1 year	5
TABLE 2 Distribution of deaths by cause and age, together with a gross division by sex	6
TABLE 3 Distribution of Deaths by age, sex and month of occurrence	7
TABLE 4 Deaths by age, sex and place of occurrence (Home or Hospital)	8
TABLE 5 Percentage of all deaths occurring in hospital by age and sex	8
TABLE 6 Causes of deaths (S.D.25-Registrar General) ..	9
TABLE 7 Average daily consumption of water	11
TABLE 8 Closet accommodation	12
TABLE 9 Visits by Public Health Inspectors	12
TABLE 10 Premises and occupations controlled by byelaws, regulations or orders	14
TABLE 11 Details of Shops and Employees	15
TABLE 12 Premises registered under Offices, Shops and Railway Premises Act, 1963	16
TABLE 13 Analysis of persons employed in registered premises by workplace	17
TABLE 14 Causes of accidents in Offices, Shops, etc. ..	18
TABLE 15 Contraventions of Offices, Shops, etc. Act ..	19
TABLE 16 Premises affected by the Factories Act ..	20
TABLE 17 Inspection of premises to which Factories Act applies	21
TABLE 18 Defects found in premises to which Factories Act applies	21
TABLE 19 Details of Outwork in Area	22
TABLE 20 Information regarding prevalence of rats and mice	24
TABLE 21 Rodent Control - Sewer Treatment	25
TABLE 22 Legal proceedings under Public Health Act, 1936-26	26
TABLE 23 Location of new houses passed for occupation by Council	29
TABLE 24 Provision of houses by Council	30
TABLE 25 Housing Nuisances and defects remedied ..	30
TABLE 26 Summary of Housing Statistics	33
TABLE 27 Details of licences to use special designation in relation to milk	37
TABLE 28 Inspection of carcasses of animals slaughtered in the district	38
TABLE 29 Percentage of carcasses inspected affected with Tuberculosis	39
TABLE 30 Principal articles of food condemned	40
TABLE 31 Summary of samples of Food and Drugs submitted to Public Analyst for examination..	41

	<u>Page</u>
TABLE 32 Details of samples reported on by the Public Analyst as not genuine .. .. .	.. 42
TABLE 33 Main categories of premises from which food is sold. .. .. .	.. 43
TABLEs 34 Details of cases of Infectious diseases notified	46 and 47
TABLE 35 and 36 Distribution by age-group and sex of new notifications and deaths from tuberculosis ..	.. 48
TABLE 37 Details of entertainments and other functions at Day Centres .. .. .	.. 49
TABLE 38 Meals provided under Meals-on-Wheels Service and at Day Centres .. .. .	.. 50

PERSONAL HEALTH SERVICES

TABLE 39 Attendances at Ante-Natal Clinics	54
TABLE 40 Details of premature births	56
TABLE 41 Details of patients attending birth control clinics	59
TABLE 42 Patients seen at Cervical Cytology Clinic	60
TABLE 43 Attendances at Infant Welfare Centres	61
TABLE 44 Distribution of Government foods	62
TABLE 45 Visits for dental treatment	63
TABLE 46 Midwifery Service-Home Confinements and early discharges from hospital	65
TABLE 47 Notification of births	66
TABLE 48 Visits by health visitors	68
TABLE 49 Visits by Home Nurses	71
TABLE 50 Persons aged under 16 vaccinated against Smallpox..	73
TABLE 51 Vaccination-completed primary courses	74
TABLE 52 Vaccination-re-inforcing doses	74
TABLE 53 School Health Education Programme	75
TABLE 54 Deaths from bronchitis	76
TABLE 55 Deaths from lung cancer	77
TABLE 56 Deaths attributed to accidents in the home ..	78
TABLE 57 Notifications of Respiratory Tuberculosis by sex and age	80
TABLE 58 B.C.G. Vaccination of school children	81
TABLE 59 Patients receiving Chiropody Treatment	82
TABLE 60 Chiropody Case Load	83
TABLE 61 Issue of Medical Comforts	84
TABLE 62 Categories of Applicants granted home helps ..	85
TABLE 63 Number of Mentally Handicapped Patients	87
TABLE 64 Number of Mentally Ill and Mentally Handicapped patients	88
TABLE 65 Mentally ill patients referred to local health authority	88
TABLE 66 Subnormal and severely subnormal patients referred to local health authority	89
TABLE 67 Community Care Visits by Health Welfare Officers	89

Health and Welfare Department,
Tydfil House,
PENTRE, Rhondda.

TO THE MAYOR, ALDERMEN AND COUNCILLORS
OF THE BOROUGH OF RHONDDA

MAY, 1972.



Mr. Mayor, Ladies and Gentlemen,

I have the privilege to submit for your consideration my Annual Report for 1970.

Once again, the routine work of the Department was greatly facilitated by the interest of members and the co-operation of other Chief Officers of the Council. The staff of my own Department continued to give me their most loyal support and assistance during the year.

Yours sincerely,

J A Mason

MEDICAL OFFICERS OF HEALTH.

B O R O U G H O F R H O N D D A

STATISTICAL SUMMARY FOR THE YEAR 1970

Area	..	..	..	..	..	..	..	..	23,886 Acres
Population (Census 1961)	..	..	..	..	..	..	..	100,314	
Population (Estimate as at mid-year 1970)	..	..	..	..	..	..	..	94,000	
Population (Estimate as at mid-year 1969)	..	..	..	..	..	..	..	94,300	
Decrease in Estimated population 1969-1970	..	..	..	..	..	..	..	300	
Estimated number of inhabited houses.	..	..	..	..	..	..	..	31,080	

	Males	Females	Total	Rate per 1,000 population
Live Births (as per S.D.52)	674	612	1,286	13.7
(Comparability Factor of 1.03 gives Adjusted Birth Rate - 14.1 per 1,000)				
(No. of live births notified during 1970 was 1,284)				
Illegitimate live births - 82 which is 6.4 per cent of total live births.				
				Rate per 1,000 total live and stillbirths
Stillbirths (as per S.D.52)	14	13	27	21
Total live and stillbirths				
				Rate per 1,000 total live births
Infant Deaths (as per S.D.52)				
<u>Under 1 year</u>	11	9	20	16
				Rate per 1,000 legitimate live births
<u>Legitimate</u>	11	8	19	16
				Rate per 1,000 illegitimate live births
<u>Illegitimate</u>	-	1	1	12
				Rate per 1,000 total live births
Neo-natal Mortality (as per S.D.52)				
<u>Under 4 weeks</u>	8	8	16	12
Early Neo-natal Mortality (as per S.D.52)				
<u>Under 1 week</u>	6	6	12	9
Perinatal Mortality (as per S.D. 52)				Rate per 1,000 total and still births
Stillbirths and deaths				
<u>Under 1 week</u>	20	19	39	30
Maternal Mortality (including abortion)		N I L		
	Males	Females	Total	Rate per 1,000 population
Deaths (Registrar General's Return - S.D.25)	691	620	1,311	13.9
(Adjusted Death Rate - 15.4)				
Deaths (Registered in District)	701	619	1,320	

S E C T I O N 1

G E N E R A L A N D V I T A L S T A T I S T I C S

CLAMORGAN ADMINISTRATIVE COUNTY

VITAL STATISTICS 1970

	Estimated Population 1970	Live Births			Ratio of local adjusted rate to national rate	No. of Deaths	Deaths		Ratio of local adj- usted death rate to Nat. rate	INFANT MORTALITY		PERINATAL MORTALITY		STILL BIRTHS	
		No. of Live Births	Rate per 1,000 Population	Crude			Adj- usted	Deaths under one year bir- ths		Rate per 1000 live and still births under one week	Rate per 1000 live births per 1000 total births	No. of still births per 1000 births			

England and Wales	48,987,700	784,482	16.0	16.0	1.00	575,208	11.7	11.7	1.00	142,69	18	18,669	23	10,341	13
Administrative County	748,190	12,083	16.1	16.6	1.04	9,319	12.5	14.1	1.21	255	21	330	27	180	15
Urban Districts	523,700	8,138	15.5	16.0	1.00	6,719	12.8	14.5	1.24	188	23	236	29	121	15
Rural Districts	224,490	3,945	17.6	18.0	1.12	2,600	11.6	13.0	1.11	67	17		23	59	15
Health Division															
Aberdare and Mountain Ash	38,250	652	17.0	18.5	1.16	575	15.0	15.2	1.29	15	23	19	29	9	14
Caerphilly and Gelligaer	28,420	458	16.1	16.1	1.01	357	12.6	15.0	1.28	17	37	15	32	4	9
Mid-Glamorgan	40,550	804	19.8	19.4	1.21	404	10.0	12.5	1.07	21	26	21	26	10	12
	34,420	556	16.2	16.2	1.01	419	12.2	15.4	1.31	16	29	15	27	7	12
	15,170	197	13.0	13.4	0.84	204	13.4	14.6	1.25	5	25	6	30	2	10
	21,220	401	18.9	19.7	1.23	271	12.8	15.9	1.36	13	32	22	53	12	29
	20,120	390	19.4	20.0	1.25	305	15.2	18.4	1.57	13	33	13	33	6	15
	13,640	188	13.8	16.3	1.02	216	15.8	12.6	1.08	5	27	3	16	1	5
	50,530	1,004	19.9	19.1	1.19	656	13.0	11.8	1.01	18	18	16	16	11	11
	29,470	380	12.9	13.4	0.84	396	13.4	14.5	1.24	6	16	10	26	6	16
Neath & District	40,390	568	14.1	14.7	0.92	534	13.2	15.4	1.32	13	23	15	26	6	10
Pontypridd and Llantrisant	34,270	747	21.8	22.5	1.40	306	8.9	11.9	1.02	15	20	22	29	15	20
Port Talbot and Glyncorrwg	35,040	531	15.2	15.5	0.97	451	12.9	13.3	1.14	11	21	20	37	9	17
Port Talbot and South East Glamorgan	9,330	146	15.6	15.1	0.95	115	12.3	18.1	1.55	3	21	4	27	3	20
	51,000	699	13.7	13.6	0.85	570	11.2	15.0	1.28	18	26	22	31	10	14
	42,370	652	15.4	15.9	0.99	503	11.9	12.9	1.10	12	18	14	21	7	11
	29,810	570	19.1	17.6	1.10	304	10.2	10.8	0.92	6	11	8	14	5	9
		40	26.7	26.4	1.65	22	14.7	16.9	1.44	3	75	1	25	-	-
	1,500	441	18.6	21.2	1.33	177	7.5	13.1	1.12	8	18	16	35	10	22
	23,720	339	14.6	15.8	0.99	271	11.7	11.0	0.94	2	6	5	15	4	12
West Glamorgan	23,200	232	14.2	14.9	0.93	187	11.4	12.4	1.06	2	9	2	9	2	9
	16,350	419	16.1	17.2	1.08	329	12.7	13.8	1.18	8	19	7	17	4	9
	26,000	383	13.0	14.7	0.92	436	14.8	15.1	1.29	5	13	15	38	10	25
	29,420														
Rhondda M.B.	94,000	1,286	13.7	14.1	0.88	1,311	13.9	15.4	1.32	20	16	39	30	27	21

Population

The Registrar-General's estimate of the mid-year population of the Borough in 1970 showed a decrease of 300 over that of the previous year, resulting in a natural decrease of 25.

Births

Live births notified during 1970 (as per S.D.52) numbered 1,286 giving an adjusted birth rate of 13.7. 27 babies were still-born giving a still-birth rate of 21.

Infant Deaths

20 infants aged under 1 year died during 1970. The distribution of these deaths by age and cause is shown in Table 1.

TABLE I
TABLE SHOWING DISTRIBUTION OF DEATHS OF INFANTS
UNDER ONE YEAR BY AGE AND CAUSE

	WEEKS				MONTHS								All Cases
	0-		1-		1-		3-		6-	9-1 yr			
	M	F	M	F	M	F	M	F	M	F	M	F	
Congenital Defects of Central Nervous System	-	1	-	-	-	1	-	-	-	-	1	-	3
Congenital Defects of Cardio Vascular System	-	-	-	-	-	-	-	-	-	-	-	-	-
Congenital Defects of Alimentary System	-	-	1	-	-	-	-	-	-	-	-	-	1
Pneumonia	-	1	-	-	-	-	-	-	-	-	-	-	1
Bronchitis	-	-	-	-	-	-	-	-	-	-	-	-	-
Gastro Enteritis	-	-	-	-	-	-	-	-	-	-	-	-	-
Prematurity	3	3	-	1	-	-	-	-	-	-	-	-	7
Atelectasis	-	-	1	-	1	-	-	-	-	-	-	-	2
Prematurity and Atelectasis	-	-	-	-	-	-	-	-	-	-	-	-	-
Accident	-	-	-	-	-	-	-	-	-	-	-	-	-
Others	2	2	-	1	-	-	-	-	1	-	-	-	6
All Causes	5	7	2	2	1	1	-	-	1	-	1	-	20

- 6 -

TABLE 2

			Deaths in or belonging to the whole District at subjoined ages											
			All Ages	Under 4 weeks	4 wks. and under 1 yr.	1 to 4	5 to 14	15 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74	75 and upwards
Cols.	1		2	3	4	5	6	7	8	9	10	11	12	13
All causes	M	F	1,320	16	4	1	5	12	4	28	89	237	432	492
B1 Cholera	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B2 Typhoid fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B3 Bacillary dysentery	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B4 Enteritis etc.	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B5 Respiratory Tuberculosis	11	-	11	-	-	-	-	-	-	-	-	3	6	2
B6 Late effects of respiratory T.B. & other T.B.	-	2	2	-	-	-	-	-	-	-	-	-	1	1
B7 Plague	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B8 Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B9 Whooping cough	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B10 Streptococcal sore throat and scarlet fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B11 Meningococcal infection	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B12 Acute poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B13 Smallpox	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B14 Measles	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B15 Typhus and other rickettsiosis	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B16 Malaria	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B17 Syphilis and its sequelae	1	-	1	-	-	-	-	-	-	1	-	-	-	-
B18 Other infective and parasitic diseases	1	-	1	-	-	-	-	1	-	-	-	-	-	-
B19 Malignant neoplasms	120	98	218	-	-	-	-	3	-	7	15	56	82	55
B20 Benign and unspecified neoplasms	1	1	2	-	-	-	-	-	-	1	-	1	-	-
B21 Diabetes Mellitus	3	5	8	-	-	-	-	-	-	1	-	2	6	-
B22 Avitaminosis	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B23 Anaemias	-	3	3	-	-	-	-	-	-	-	-	-	-	-
B24 Meningitis	-	1	1	1	-	-	-	-	-	-	-	1	-	2
B25 Active rheumatic heart disease	-	2	2	-	-	-	-	-	-	-	-	-	-	-
B26 Chronic rheumatic heart disease	-	5	5	-	-	-	-	-	-	1	-	1	-	-
B27 Hypertensive disease	34	19	53	-	-	-	-	-	-	-	4	1	-	-
B28 Ischaemic heart disease	171	131	302	-	-	-	-	-	-	8	11	18	16	16
B29 Other forms of heart disease	33	50	83	-	1	-	-	-	-	5	26	67	115	89
B30 Cerebrovascular disease	75	139	214	-	-	-	-	-	1	7	10	18	46	46
B31 Influenza	10	7	17	-	-	-	-	-	4	8	34	57	111	111
B32 Pneumonia	23	31	54	1	-	-	1	-	1	1	2	8	5	5
B33 Bronchitis, emphysema and asthma	89	18	107	-	-	-	-	-	1	2	6	15	28	28
B34 Peptic ulcer	5	4	9	-	-	-	-	-	-	6	17	51	33	33
B35 Appendicitis	-	-	-	-	-	-	-	-	-	-	1	3	5	5
B36 Internal obstruction and hernia	-	4	4	-	-	-	-	-	-	-	-	-	-	-
B37 Cirrhosis of liver	3	4	7	-	-	-	-	2	-	1	2	1	-	1
B38 Nephritis and nephrosis	1	1	2	-	-	-	1	-	-	-	-	-	1	-
B39 Hyperplasia of prostate	1	-	1	-	-	-	-	-	-	-	-	-	-	1

			Deaths in or belonging to the Whole District at subjoined ages											
			All Ages	Under 4 weeks	4 wks. and under 1 yr.	1 to 4	5 to 14	15 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74	75 and upw- ards
Cols	1		2	3	4	5	6	7	8	9	10	11	12	13
	M	F												
B40 Abortion	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B41 Other complications of pregnancy	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B42 Congenital anomalies	3	2	5	2	2	-	-	-	-	-	-	1	-	-
B43 Birth injury etc.	2	2	4	4	-	-	-	-	-	-	-	-	-	-
B44 Other causes of perinatal mortality	5	3	8	7	1	-	-	-	-	-	-	-	-	-
B45 Symptoms and ill defined conditions	14	24	38	-	-	-	-	-	-	-	-	1	5	32
B46 Other diseases	71	38	109	1	-	-	2	-	1	3	7	16	37	42
BE47 Motor vehicle accidents	4	1	5	-	-	-	-	2	-	1	-	-	-	2
BE48 All other accidents	8	6	14	-	-	-	-	1	-	1	3	2	-	7
BE49 Suicide and self- inflicted injuries	4	3	7	-	-	-	-	-	2	-	2	1	2	-
BE50 All other external causes	1	-	1	-	-	1	-	-	-	-	-	-	-	-
BN47 Fractures etc.	4	11	15	-	-	-	1	1	1	-	-	-	4	8
BN48 Burns	1	-	1	-	-	-	-	-	-	-	-	-	-	1
BN49 Adverse effects of chemical substances	1	3	4	-	-	-	-	1	-	2	-	-	1	-
BN50 All other injuries	1	1	2	-	-	-	-	1	-	-	-	-	-	1
RHONDDA	701	619	1,320	16	4	1	5	12	4	28	89	237	432	492

Number of deaths registered in Rhondda in 1970 989
 Number of deaths registered of persons normally resident
 outside Rhondda 57
 Number of deaths of Rhondda residents that occurred outside
 the District 388
 Actual number of registered deaths allocated to the district 1,320
 Crude death rate for Rhondda 13.9 per 1,000 population
 Crude death rate for County of Glamorgan 12.5 per 1,000 population

TABLE 3

Distribution of Deaths by age, sex and month of occurrence.

Month of Death	AGE GROUP AND SEX																		All Ages
	Under 4 wks.		4 wks and under 1 year		1 - 4		5 - 14		15 - 24		25 - 44		45 - 64		65 - 74		75+		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
January	2	2	-	-	-	-	2	1	-	1	5	-	33	14	54	28	36	46	224
February	-	1	-	-	-	-	-	-	-	1	1	-	15	8	31	10	18	21	106
March	-	-	-	-	-	-	-	-	-	1	1	-	15	15	33	13	20	21	121
April	-	-	-	1	-	-	-	-	-	-	1	2	12	12	8	17	14	29	96
May	-	2	-	-	1	-	-	-	-	-	1	2	15	8	21	15	15	27	107
June	2	2	1	-	-	-	-	-	-	-	1	2	14	10	19	17	13	20	101
July	1	-	-	-	-	-	-	-	1	-	4	1	15	15	19	14	23	26	119
August	1	1	1	-	-	-	-	-	1	1	-	1	14	7	11	17	6	17	78
September	-	-	-	-	-	-	-	-	1	-	2	1	25	8	12	6	8	11	74
October	-	-	-	-	-	-	1	-	3	-	1	1	12	8	17	12	20	28	103
November	-	1	1	-	-	-	-	1	1	1	2	-	17	11	13	12	13	20	93
December	1	-	-	-	-	-	-	-	-	-	1	-	15	8	16	17	18	22	98
TOTAL	7	9	3	1	1	-	3	2	7	5	20	12	202	124	254	178	204	288	1,320

TABLE 4

Distribution of Deaths by age, sex and place
occurrence (Home or Hospital)

AGE GROUP										All Ages
Under 4 wks. 4 wks. and Under 1 yr.			1-	5-	15-	25-	45-	65-	75+	
<u>DOMICILIARY</u>										
M	-	1	1	-	2	11	97	106	106	324
F	1	-	-	1	-	5	49	75	152	283
Total	1	1	1	1	2	16	146	181	258	607
<u>HOSPITAL DEATHS</u>										
M	7	2	-	3	5	9	105	148	98	377
F	8	1	-	1	5	7	75	103	136	336
Total	15	3	-	4	10	16	180	251	234	713
<u>TOTAL DEATHS</u>										
M	7	3	1	3	7	20	202	254	204	701
F	9	1	-	2	5	12	124	173	288	619
Total	16	4	1	5	12	32	326	432	492	1,320

TABLE 5

Percentage of all deaths occurring in Hospital
by age and sex

Age-Group	Males	Females	Total
0-	90	90	90
1-	80	86	78
25-	45	58	50
45-	52	60	55
65-	58	57	58
75+	48	47	47
All Ages	54	54	54

TABLE S.D. 25 of the Registrar General.
Causes of Death in Rhondda Borough during 1970.

List No.	Cause of Death	Males	Females
	All causes	691	620
B1	Cholera	-	-
B2	Typhoid fever	-	-
B3	Bacillary dysentery and amoebiasis	-	-
B4	Enteritis and other diarrhoeal diseases	-	-
B5	Tuberculosis of respiratory system	10	-
B6(1)	Late effects of respiratory tuberculosis	-	1
B6(2)	Other tuberculosis	-	1
B7	Plague	-	-
B8	Diphtheria	-	-
B9	Whooping Cough	-	-
B10	Streptococcal sore throat and scarlet fever	-	-
B11	Meningococcal infection	-	-
B12	Acute poliomyelitis	-	-
B13	Smallpox	-	-
B14	Measles	-	-
B15	Typhus and other rickettsiosis	-	-
B16	Malaria	-	-
B17	Syphilis and its sequelae	-	-
B18	Other infective and parasitic diseases	2	1
B19(1)	Malignant neoplasm - buccal cavity, etc.	2	2
B19(2)	Malignant neoplasm - oesophagus	5	2
B19(3)	Malignant neoplasm - stomach	23	13
B19(4)	Malignant neoplasm - intestine	14	18
B19(5)	Malignant neoplasm - larynx	2	-
B19(6)	Malignant neoplasm - lung, bronchus	44	7
B19(7)	Malignant neoplasm - breast	-	15
B19(8)	Malignant neoplasm - uterus	-	7
B19(9)	Malignant neoplasm - prostate	9	-
B19(10)	Leukaemia	3	5
B19(11)	Other malignant neoplasms	17	26
B20	Benign and unspecified neoplasms	1	4
B21	Diabetes Mellitus	4	7
B22	Avitaminosis	-	1
B23	Anaemias	1	3
B24	Meningitis	-	1
B25	Active rheumatic heart disease	-	-
B26	Chronic rheumatic heart disease	5	13
B27	Hypertensive disease	26	18
B28	Ischaemic Heart disease	185	151
B29	Other forms of heart disease	26	37
B30	Cerebrovascular disease	71	138
B31	Influenza	13	4
B32	Pneumonia	21	32
B33(1)	Bronchitis and emphysema	80	13
B33(2)	Asthma	-	2
B34	Peptic Ulcer	5	4
B35	Appendicitis	-	-
B36	Intestinal obstruction and hernia	-	1
B37	Cirrhosis of liver	3	3
B38	Nephritis and nephrosis	2	2
B39	Hyperplasia of prostate	2	-
B40	Abortion	-	-
B41	Other complications of pregnancy, etc.	-	-
B42	Congenital anomalies	5	3
B43	Birth injury, difficult labour, etc.	2	3
B44	Other causes of perinatal mortality	5	3
B45	Symptoms and ill defined conditions	4	9
B46(1)	Other endocrine etc. diseases	2	3
B46(2)	Other diseases of blood, etc.	-	-
B46(3)	Mental disorders	-	1
B46(4)	Multiple sclerosis	1	1
B46(5)	Other diseases of nervous system	4	1
B46(6)	Other diseases of circulatory system	16	22
B46(7)	Other diseases of respiratory system	36	2
B46(8)	Other diseases of digestive system	4	6
B46(9)	Other diseases, genito-urinary system	10	2
B46(10)	Diseases of skin, subcutaneous tissue	1	-
B46(11)	Diseases of Musculo-skeletal system	-	7
BE47	Motor vehicle accidents	8	2
BE48	All other accidents	12	19
BE49	Suicide and self-inflicted injuries	3	3
BE50	All other external causes	2	1

S E C T I O N I I

SANITARY CIRCUMSTANCES

WATER

The District derives the major part of its water supply from one main water undertaking. The Taf Fechan Water Board serves the whole of the district, with the exception of the greater portion of Cwmparc, which is supplied by the National Coal Board, and small groups of houses at Pontygwaith, Ynyshir and Penrhiwfer.

The District Engineer has provided the details in the following Table 7 regarding water consumption in the area supplied by the Water Board's services :-

TABLE 7

Average daily consumption of water in
the Council's area of supply.

(a)	For trade purposes	..	..	..	..	763,000	galls.
(b)	For domestic purposes	..	..	..	..	2,410,000	"
(c)	As compensation water	..	..	..	..	-	"
(d)	To Neath R.D.C. (Bulk)	..	..	..	..	19,000	"
						<u>3,192,000</u>	"

Number of new services installed during the year giving the
number and situation of any groups of houses connected.

Knoll Terrace Site, Tonypandy	..	..	..	..	10
Hillside Terrace, Tonypandy	..	..	..	..	4
Other .. .. .	..	..	..	..	66

Of the bacteriological examination of two samples of water obtained from the Glamorgan Colliery Deep Pit, one was reported on as being satisfactory. The twelve samples obtained from Intakes to the Water Board's supply or from the various points on the system of distribution were reported on as being satisfactory. Two of the samples submitted for chemical examination from points on the system of distribution were found to be of a rather poor organic quality.

DRAINAGE AND SEWERAGE

During the year, 69 defective sewers, formerly known as combined drains involving 360 houses, were referred to the Borough Surveyor for attention after the service of statutory notices on the owners and in cases where immediate action was necessary in accordance with the provisions of Section 24 of the Public Health Act, 1936.

In addition, 115 houses, served by single drains, were referred to the Surveyor as a result of written authorisation from the owners.

CLOSET ACCOMMODATION

The number of houses in the district unconnected with the sewerage system at the end of the year amounted to 5, the majority of these houses are farmhouses, or cottages which are on isolated sites on the hillsides, or houses situated in such positions that connection with the nearest sewers is not possible.

The appended Table 8, which is compiled from the reports submitted by the Public Health Inspectors, indicates the extent and character of the means of excrement disposal in the district at the end of 1970.

TABLE 8

No. of privies with fixed receptacles (middens, etc.)	37
No. of privies with movable receptacles.. ..	3
No. of water closets (freshwater, cistern flushed)	30,685
No. of water closets (waste water)	-
No. of water closets (hand flushed)	231

PUBLIC CLEANSING

The scavenging of the whole district, with the exception of the portion of Gilfach Goch which is within the area, was undertaken by the Council by district labour under the supervision of Mr. E.T.T.Rees, the Borough Engineer and Surveyor.

SANITARY INSPECTION OF THE AREA, 1970.

The sanitary inspection of the area was carried out by nine public health inspectors under the direct supervision of the Chief Public Health Inspector, and the following Table is a summary of the information relating to the work done during the course of the year :-

TABLE 9

Infectious Disease Investigation	40
Infectious Disease Revisits and Disinfections ..	32
House Inspection :-	
Re-Visits to Unabated Nuisances	1,044
re Housing Act.. .. .	1,658
re Nuisances	864
No action necessary	84
Work done without notice	56
Preliminary Notices issued	138
Statutory Notices served	127
Notices complied with - Preliminary	37
Notices complied with - Statutory	93
Applications re Advances for House Purchase	752
Rent Act Investigations	12
Improvement Grant Applications	2,551
Council House Applications	4
Interviews and Letters	3,362
Visits of Inspection to :-	
Shops re Food Hygiene Regulations	156
Shops re Unsound Food, etc.	219
Dairies and Milkshops	5
Slaughterhouses	381
Bakehouses	5
Ice-Cream Vendors	3
Fried Fish Shops	1
Factories and Workshops	11
Scavenging Depots	18
Back Lanes	24
Piggeries	-

Sewers, Drains and Culverts	1,283
Common Lodging House	-
Meat Destroyed	1,978 lbs.
Meat offal destroyed	25,124 lbs.
Other foods destroyed	9,493 lbs.

There were 138 informal notices and 127 statutory notices served in the course of the year in respect of nuisances, housing defects and other contraventions of byelaws, and during the same period nuisances were abated or repairs effected in 56 instances without the service of notices, whilst 37 informal notices and 95 statutory notices were complied with. The local authority carried out work at 10 houses in default of owners served with statutory notices. These figures include the work shown in the table on housing statistics.

PREMISES AND OCCUPATIONS CONTROLLED BY BYELAWS,
REGULATIONS OR ORDERS

The number of premises and occupations subject to control by byelaws, regulations or orders in the district was 90 as indicated in the following table. The table excludes dairies on farms which are now under the supervision of the Minister of Agriculture, Fisheries and Food :-

TABLE 10

Description	Total
Bakehouses	20
Dairies and Milk Shops..	60
Common Lodging House ..	-
Slaughterhouses	2
Offensive Trades	8
	90

COMMON LODGING HOUSES

There are no common lodging-houses registered in the Borough.

SHOPS

Table 11 gives certain details of Shops and employees for 1970 :-

TABLE 11

Number of Shops in the District in 1969	..	..	..	1,523
New Shops established in 1970	..	..	..	15
Shops removed from the Register in 1970	..	..	..	40
Net decrease in Shops in 1970	..	..	..	25
Number of Shops in District in 1970	..	..	..	1,498
Number of Shops in which Assistants are employed	..			751
Number of Shops exempted from Weekly Half-Holiday Order				766
Number of Shops exempted from Weekly Half-Holiday Order and in which Assistants are employed	..	..	..	308
Number of Assistants in exempted Shops	..	..	..	539
Number of Shops and other premises or businesses in which Young Persons are employed other than as Shops Assistants				18
Legal Proceedings taken under Shops Acts during 1970	..			-
Number of Young Persons employed other than as Shop Assistants				82

The detailed administration of the Shops Acts was continued by one shops inspector who is also appointed as part-time Public Health Inspector in accordance with the Public Health Officers Regulations, 1959. The Inspector render occasional assistance in the general duties of the Public Health Inspector.

The following summary provides information as to the main activities of the Inspectors during the year :-

Observation Duty - Number of hours112
------------------------------------	----	----	----	----	-------

Visits to Shops -

Food Hygiene Regulations	..	..	..	..	..	1,355
Re Shops Act, 1950	..	..	..	..	..	399
Unsound Food	..	..	..	..	..	178
Other Visits	..	..	..	..	..	90

Notices Issued :-

Re Food Hygiene Regulations	..	..	..	..	..	23
Re Shops Act	..	..	..	..	..	35

Sampling Action (Food and Drugs Act) No. of hours	..					355
Visits re Milk and Dairies Regulations	..	..	..			89

The Shops Inspector did not report any case during the year in respect of which it was necessary to institute legal proceedings for any infringement of the Shops Act, and the Closing Orders made thereunder.

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963.

The following Table No. 12 gives particulars of the premises registered with this Authority during the year which received a general inspection. The Shops Inspector carried out general inspections of 580 registered premises and also paid 1,750 visits of all kinds to registered premises.

TABLE 12

Class of Premises	Registered during year	Total Registered at end of year	General Inspection
Offices	6	138	102
Retail Shops	3	437	396
Wholesale Shops, warehouses	-	15	15
Catering establishments, canteens	-	67	67
Fuel storage depots	-	-	-
Totals	9	657	580

An analysis of persons employed in the registered premises by workplace during 1970 is shown in Table 13.

TABLE 13

Class of Workplace	Number of Persons employed
Offices	1,107
Retail Shops	1,614
Wholesale departments, warehouses	123
Catering establishments	319
Canteens	6
Fuel storage depots	-
TOTAL	3,169
Total Males	1,366
Total Females	1,803

No Certificates of Grant of Exemption under Section 46 of the Act were issued during the year.

A prosecution was instituted in one case during the year in respect of contraventions of Sections 4, 6 and 16 of the Act. In this instance, other offences were committed under the Food Hygiene (General) Regulations, 1960, and the defendants were fined a total sum of £319.

ACCIDENTS IN OFFICES, SHOPS, etc.

During the year, twelve accidents were reported and investigated as compared with 14 accidents in 1969. As in previous years, the majority of accidents in 1970 were due to carelessness on the part of the employees rather than any infringements of the requirements of the Act by the employers.

The following table gives particulars of the accidents, reported from 11 shops and 1 office, during the year -

TABLE 14

Cause of Accident	No. of Accidents		No. fatal	No. due to contraventions
	Males	Females		
Machinery	1	-	-	-
Hand tools	2	-	-	-
Vehicle in motion	-	1	-	-
Handling goods	1	1	-	-
Falls of Persons	2	4	-	-
TOTALS	6	6	-	-

The appended table provides information regarding contraventions of the Act discovered by the Shops Inspector during 1970.

TABLE 15

Nature of Contravention	Offices	Shops	Wholesale Shops etc.	Catering Establ.	Fuel Storage Depots	Totals
Temperature	-	-	-	-	-	-
First-aid requirements	-	-	-	-	-	-
Running hot water	-	-	-	-	-	-
Wash hand basins and sinks	-	-	-	-	-	-
Sanitary conveniences	-	-	-	-	-	-
Repairs to sanitary conveniences	-	-	-	-	-	-
Heating	-	-	-	-	-	-
Lighting	-	-	-	-	-	-
Ventilation	-	-	-	-	-	-
Handrails	-	1	-	-	-	1
Cleanliness	-	-	-	-	-	-
Provision of Abstract	-	-	-	-	-	-
Floors	-	1	-	-	-	1
Clothing accommodation	-	-	-	-	-	-
TOTALS	-	2	-	-	-	2

IMPROVEMENT GRANT SCHEME

1. Voluntary Grants

The Council's Scheme of Improvement Grants has been in operation for fifteen years and during that time some 3,868 grants have been paid.

During the past five years, grants have been paid as follows :-

1966	-	330
1967	-	284
1968	-	228
1969	-	249
1970	-	207

Of the 207 grants paid in 1970, the proportion of standard grants in relation to the more popular discretionary grant was in the ratio of 1 to 20; and the majority of the applications required the extension of kitchens or pantries to accommodate a bathroom and indoor water closet. This arrangement enabled the householder to conserve valuable living space.

2. Compulsory Improvement Grants

The Council have not yet exercised the powers for the compulsory improvement of tenanted dwellings to provide standard amenities under Part II of the Housing Act, 1964.

With the high degree of owner occupation in the Rhondda, the voluntary system of Improvement Grants is usually favoured.

FACTORIES

The total number of premises in the district affected by the Factories Act, 1961 is 443 made up in Table 16.

TABLE 16

	Total	Without Mechanical Power	With Mechanical Power
Factories	405	77	328
Bakehouses	20	1	19
Building Operations	-	-	-
Electric Stations	9	-	9
Outworkers	9	9	-
	443	87	356

The Public Health Inspectors paid 5 visits to bakehouses and 11 visits to other premises embraced by the Act during the course of the year.

The appended tables provide information relating to the trades carried on at the premises to which the above-mentioned Act applies, the inspections made during the year and the results of action taken in connection therewith.

TABLE 17

1. Inspection for purposes of provisions as to health.

	Number of Premises	Number of		
		Inspection	Written Notices	Occupiers Prosecuted
(1) Factories in which Sections 1,2,3,4 and 6 are to be enforced by Local Authority	405	11	-	-
(2) Factories not included in (1) in which Section 7 is enforced by Local Authority	20	5	-	-
(3) Other premises in which Section 7 is enforced by Local Authority (excluding outworkers' premises)	-	-	-	-
TOTALS	425	16	-	-

TABLE 18

2. Defects found

	Number of defects			No.of defects in respect of which prosecutions were instituted
	Found	Remedied	Referred to H.M. Inspector	
Want of cleanliness (S1)	-	-	-	-
Overcrowding (S2)	-	-	-	-
Unreasonable temperature (S3)	-	-	-	-
Inadequate ventilation (S4)	-	-	-	-
Ineffective drainage of floors (S6)	-	-	-	-
Sanitary Conveniences (S7)				
(a) Insufficient	1	-	-	-
(b) Unsuitable or defective	-	-	-	-
(c) not separate for sexes	1	-	-	-
Other offences against the Act (not including offences relating to outwork)	-	-	-	-
TOTALS	2	-	-	-

TABLE 19

3. Outwork

Nature of Work	Class	No. of Outworkers (August)	No. of instances of work in un-wholesome premises
Making wearing apparel	1	9	-
Making of boxes or other receptacles, etc.	21	-	-
Making of boxes or other receptacles, etc., and making or filling cosaques, Christmas crackers, etc.	21/29	-	-
Making or filling cosaques, Christmas crackers, etc.	29	-	-
Total		9	-

RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951.

The above-mentioned Act repealed the Rag Flock Acts, 1911 and 1928, is administered by the Borough Council as the Local Authority.

The premises of one upholstering and bedding firm and one clothing factory are registered under the Act.

No samples of filling materials were submitted for analysis during the year.

SWIMMING BATHS

The open-air swimming baths situated at Treherbert, Ystrad, Porth, and Ferndale and paddling pools at Ystrad and Porth, are administered by the Borough Surveyor's Department of the Council, each bath being under the control of a suitably qualified superintendent. These baths and paddling pools are invariably fully patronised during the summer bathing season and the water is subjected to constant filtration and chlorination, the efficiency of the chlorination being regularly checked by means of colourimetric tests. Samples of water from these baths and paddling pools were also submitted during the summer for bacteriological examinations at the Public Health Laboratory. Of the 4 samples submitted, 2 were found to be satisfactory.

INSECT INFESTATION

The disinfection of houses harbouring bed bugs and other insects was undertaken by the District Public Health Inspectors and Student Public Health Inspectors. 128 houses, of which 94 were Council houses, were treated during the year. The methods adopted included the use of pyrethrum powder, lindane smoke pellets and spraying with a contact and residual insecticide.

RATS AND MICE DESTRUCTION

During the year, three whole-time rodent operators were employed in carrying out investigations into the prevalence of rodent infestation and the necessary treatment of such infestations in premises in the district, and five operators were employed whole-time on the inspection and treatment of the sewers in the district, the whole staff of operators being under the direct supervision of the out-door rodent control supervisor.

Table 20 gives information of the lines required by the Infestation Control Division of the Ministry of Agriculture, Fisheries and Food in respect of the prevalence of rats and mice; and the measure of control carried out by the rodent control staff of the local authority during the twelve months ended 31st December, 1970.

Of 27 Local Authority properties included in the Non-Agricultural properties in Table 20 include 3 refuse tips.

There are no large warehouses or wharfage in the area to create any special circumstances for the undue presence of rats and mice.

-24-
TABLE 20

ANNUAL REPORTS ON RATS AND MICE

PREVENTION OF DAMAGE BY PESTS ACT, 1949.

	TYPE OF PROPERTY		Total
	Non Agricultural	Agricultural	
PROPERTIES OTHER THAN SEWERS			
1. Number of properties in Local Authority's District	36,670	20	36,690
2. (a) Total number of properties (including nearby premises) inspected following notification	1,107	-	1,107
(b) Number infested by :-			
(1) Rats	1,099	-	1,099
(2) Mice	8	-	8
3. (a) Total number of properties inspected for rats and/or mice for reasons other than notification	-	20	20
(b) Number infested by :-			
(1) Rats	-	-	-
(2) Mice	-	-	-

There was no occasion during the year for disinfestation work to be carried out in conjunction with rodent operators of adjoining districts.

In the same period, 1,580 token baits, 13,960 poison baits and 453 post baits were laid and 25 traps were set.

TABLE 21

SEWERS

WARD	Total No. of Manholes Treated	Total No. of Manholes showing pre-bait takes	Total No. of manholes showing com- plete pre- baits taken	Total No. of Poison baits laid
Treherbert	602	71	57	71
Treorchy	624	75	53	75
Pentre	487	69	52	69
Ystrad	434	46	34	46
Llwynypia	760	108	91	108
Trealaw	640	68	56	68
Penygraig	1,267	134	119	134
Porth	1,382	170	143	170
Ynyshir	1,055	123	107	123
Tylorstown	1,016	136	120	136
Ferndale	807	120	107	120
TOTALS	9,074	1,120	939	1,120

PUBLIC MORTUARIES

Two public mortuaries, situated in the cemetery grounds Trealaw and at Oakland Terrace, Ferndale, have been erected and maintained by the Council and were utilised during the year for the reception of 16 and 6 bodies, respectively.

Facilities are available in each of these mortuaries for carrying out post-mortem examination. No examinations were carried out during the year.

SCRAP METAL DEALERS

The Scrap Metal Dealers Act, 1964, came into force on the 1st April, 1965, and from that date in principal provisions to the law relating to old metal dealers and Marine Store Dealers were repealed and replaced by new statutory provisions for the registration and control of scrap metal dealers. Section 2 of the Act relates to the registration by the Council of persons carrying on business as scrap metal dealers.

During the year, two persons were registered as Scrap metal dealers. At the end of 1970, there were eighteen persons registered as carrying on business as scrap metal dealers.

LEGAL PROCEEDINGS

The appended summary gives details of the cases under the Public Health Act, 1936, in which the Department's activities led to proceedings at the local Courts of Justice in the course of the year.

Information relating to proceedings under the Public Health Act, 1936, is as follows :-

TABLE 22

CASES OUTSTANDING, 1969

Nuisance Orders	12	Other Cases	16	Total.....	28
Cases commenced 1970.....					<u>12</u>
Work done after proceedings commenced.....					12
(Standing adjourned - 18 adjourned sine die - 4 = 22)					
(Nuisance Orders b/d - 12 obtained - 2 = 14)					

Work done after Nuisance Order obtained.....	3
Withdrawn - Change of ownership.....	2
Withdrawn - Demolition Orders made.....	<u>1</u>
	<u>6</u>

CASES OUTSTANDING END OF 1970:

Nuisance Orders.....	11	
Other Cases.....	<u>11</u>	<u>22</u>

RIDING ESTABLISHMENTS ACTS, 1964 and 1970.

The principal Act regulating the keeping of Riding Establishments came into operation on the 1st April, 1965.

Under the provisions of Section 3 of the Act, the Council authorised two firms of Veterinary Surgeons to carry out inspections of premises.

One riding establishment located in the Borough was licensed during the year.

ANIMAL BOARDING ESTABLISHMENTS ACT, 1963.

The Animal Boarding Establishments Act, 1963, which came into operation on the 1st January, 1964, provides for a system of licensing and inspection by local authorities of any establishment at which a business of providing accommodation for cats or dogs is carried on.

No premises were licensed during the year.

NOISE ABATEMENT

The Public Health Act, 1936, as amended by the Noise Abatement Act, 1960, makes a nuisance from noise or vibration a Statutory Nuisance.

Complaints were received concerning noise or vibration from the use of circular saws at two premises, noise at a garage and the barking of dogs at a dwelling house.

As a result of advice from the District Public Health Inspector and the co-operation of the owners concerned, the noise nuisance at the industrial premises have been minimised.

S E C T I O N III

HOUSING

The location of the new houses passed for occupation in 1970 is shown in Table 23.

TABLE 23

Table showing localities of
new houses passed for Occupation by Council

Street and Locality	Ward	Houses	Flats
Windsor Place, Pentre	Pentre	4	8
Knoll Terrace, Llwynypia.	Llwynypia	10	-
Buckley Road, Trealaw	Trealaw	26	8
Heol-y-Twyn, Ynyshir	Ynyshir	13	4
Heol Mair, Penrhys	Tylorstown	6	1
Heol Tir Gwaidd, Penrhys	Tylorstown	25	24
Heol-y-Waun, Penrhys	Tylorstown	48	32
Heol-y-Ffynon, Penrhys	Tylorstown	-	16
Heol Ioan, Penrhys	Tylorstown	-	16
Heol Pendyrus, Penrhys	Tylorstown	61	49
Heol-y-Graig, Penrhys	Tylorstown	12	24
Total		205	182

Table 24 shows the position regarding the provision of houses by the Council since 1945 (information provided by the Housing Architect).

-30-
TABLE 24

	In course of erection 31.12.70			Completed and occupied since 1945		
	Houses	Flats	Total	Houses	Flats	Total
Temporary (Bungalows)	-	-	-	48	-	48
Permanent						
(1) Traditional	24	86	110	2,791	1,198	3,989
(2) Non-Traditional (B.I.S.F. and new Traditional Houses)	-	-	-	202	-	202
(3) Conversions	-	-	-	-	26	26
Requisitions of existing properties	-	-	-	-	-	-
TOTALS	24	86	110	3,041	1,224	4,265

WORK CARRIED OUT BY PUBLIC HEALTH INSPECTORS

Consequent upon inspections carried out by the Public Health Inspectors, followed by interviews with the owners or the service of informal or statutory notices, 130 houses were repaired or defects discovered therein were remedied, whilst 10 houses were similarly attended to by the local authority in default of the owners; making a total of 140 houses dealt with during the year; the corresponding number of houses similarly dealt with in the previous year was 282. As most of the houses in the district have been erected for a period of fifty years or more, their maintenance in a satisfactory state of fitness for human habitation has caused considerable concern to the Authority. Greater pressure has had to be made on house-owners to carry out repairs, and during the year particulars of statutory notices served in respect of 33 houses were forwarded to the Legal Department of the Council with a view of instituting legal proceedings.

The following summary gives details of the nuisances and defects remedied in the course of the year :-

TABLE 25

1. KITCHEN SINKS

(a) Kitchen sinks repaired or renewed	-
(b) Waste pipes repaired or renewed	1
(c) Kitchen sinks provided	1

TABLE 25 (Continued)

2. WATER CLOSETS

(a) Provisions of new w.c.	..	..	..	..	..	-
(b) Rebuild w.c.	..	..	..	..	..	-
(c) Walls, roofs, doors, floors, etc., repaired	..					7
(d) Flushing appliances repaired or renewed	..	..				12
(e) Flushing appliances provided	..	..	..	..		-
(f) Pans renewed or provided	..	..	..	..	..	7
(g) Ventilation provided	..	..	..	..	..	-
(h) Water supply provided	..	..	..	..	..	-
(i) Water service pipes repaired or renewed	..	..				-

3. HOUSE

(a) External walls, woodwork, etc., repaired	..					42
(b) Internal walls, woodwork, floors, etc., repaired						39
(c) Dampness abated by removal of earth	..	..				-
(d) Bedrooms ventilated	..	..	..	..	..	-
(e) Windows made openable	..	..	..	..	..	-
(f) Window area increased	..	..	..	..	..	-
(g) Pantry or food safe provided	..	..	..	..	..	-
(h) Sufficient light in pantry provided	..	..				-
(i) Water supply pipes and fittings repaired, etc.						-
(j) Light of basement stairs provided	..	..	..			-

4. DRAINS

(a) Lip trap removed	..	..	..	..	..	..	-
(b) Cement well around gully trap	..	..	..	..	..		-
(c) Grid or cover to gully trap	..	..	..	..	..		-
(d) Renew gully trap	..	..	..	..	..	..	-
(e) Ventilating shaft repaired or extended	..	..					1
(f) Drain ventilated	..	..	..	..	..	..	-
(g) Water Closet drain unblocked	..	..	..	..	..		2
(h) Slop water drain unblocked	..	..	..	..	..		-
(i) Water closet drain repaired	..	..	..	..	..		2
(j) Slop water drain repaired	..	..	..	..	..		1
(k) Water closet and slop water drain unblocked	..						-
(l) Drainage of subsoil water made good	..	..					-
(m) Inspection chamber provided	..	..	..	..	..		-
(n) Inspection chamber repaired or renewed	..	..					1

5. AREA

(a) Repaired	..	..	..	..	..	..	..	1
(b) Repaired and extended	..	..	..	..	..	..	..	-
(c) Steps repaired or renewed	..	..	..	..	..	..	..	5
(d) Division walls repaired or renewed	..	..	..	..	..	..	..	1
(e) Boundary walls repaired or renewed	..	..	..	..	..	..	..	6
(f) Retaining walls repaired or renewed	..	..	..	..	..	..	..	9
(g) Back lane door and frame repaired or renewed	..	..	..	..	..	..	..	1
6. Shoots and downpipes repaired or fixed anew	..	..	..	..	..	..	..	24
7. Dilapidated structures repaired or fixed anew	..	..	..	..	..	..	..	1
8. Structures obstructing light/ventilation of living room removed/repaired..	..	..	..	..	..	..	..	-
9. Dampness abated	..	..	..	..	..	..	..	28
10. Dirty house cleaned	..	..	..	..	..	..	..	-
11. Overcrowding	..	..	..	..	..	..	..	-
12. Animals removed	..	..	..	..	..	..	..	-
13. Fowls removed	..	..	..	..	..	..	..	-
14. Bug infestation	..	..	..	..	..	..	..	-
15 Manure :-								
(a) removed	..	..	..	..	..	..	..	-
(b) receptacle provided	..	..	..	..	..	..	..	-
16. Accumulation of refuse removed	..	..	..	..	..	..	..	5
17. Coals in house or on paving removed	..	..	..	..	..	..	..	-

TABLE 26

HOUSING STATISTICS, 1970.

1. Inspection of Dwelling-houses during the year :-							
(1) (a)	Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	..	..	..	..	..	418
(b)	Number of inspections made for the purpose						418
(2) (a)	Number of dwelling houses (including under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932	..	..	..			140
(b)	Number of inspections made for the purpose..						140
(3)	Number of dwelling houses found to be in state so dangerous or injurious to health as to be unfit for human habitation	..	..	..	..		136
(4)	Number of dwelling houses (exclusive of those referred to under the preceeding sub-head) found not to be in all respects reasonably fit for human habitation	..	..	..	..	..	198
2. Remedy of defects during the year without service of formal Notices:-							
	Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their Officers	..	..	..	..	..	93
3. Action under Statutory Powers during the year :-							
(a)	Proceedings under Sections 9, 10 and 12 of the Housing Act, 1957 :-	..	..	..	..	..
(1)	Number of dwelling houses in respect of which notices were served requiring repairs (Section 9)	..	..	..	..	..	-
(2)	Number of dwelling houses which were rendered fit after service of formal notices :						
(a)	By owners	..	..	..	..	..	-
(b)	By Local Authority in default of owners (Section 9)	..	..	..	..	..	-
(b)	Proceedings under the Public Health Acts :						
(1)	Number of dwelling houses in respect of which notices were served requiring defects to be remedied	..	..	..	..	..	138

(2) Number of dwelling houses in which defects were remedied after service of formal notices :-

(a) By owners	83
(b) By Local Authority in default of owners	10

(c) Proceedings under Sections 17 and 23 of the Housing Act, 1957 :-

(1) Number of dwelling houses in respect of which Demolition Orders were made	65
(2) Number of dwelling houses demolished in pursuance of Demolition Orders	46
(3) Unfit houses in respect of which Demolition Orders were revoked	5

(d) Proceedings under Sections 17 and 18 of the Housing Act, 1957 :-

(1) Number of unfit houses in respect of which Closing Orders were made	63
(2) Parts of buildings in respect of which Closing Orders were made	8
(3) Unfit houses in respect of which Closing Orders were determined	2
(4) Parts of buildings in respect of which Closing Orders were determined	-

RENT ACT, 1957

During the year, four applications for certificates of disrepair were investigated and certificates were granted in each case.

SLUM CLEARANCE AND REPAIR OF HOUSES 1970

(Extract from Housing Form P.13)

HOUSES DEMOLISHED	Section 42 Housing Act, 1957 Section 16 or 17(1) Housing Act, 1957.	In or adjoining Clearance Areas Not in or adjoining Clearance Areas	Number of houses Number of separate dwellings therein Number of houses Number of separate dwellings therein	50 50 47 48 6
UNFIT HOUSES CLOSED	Section 16(4) 17(1) 35(1) Housing Act 1957 Section 18 Housing Act 1957	Number of houses previously closed Parts of buildings closed	Number of houses Number of separate dwellings therein	47 47 11
NUMBER OF PERSONS DISPLACED		From houses to be demolished in or adjoining Clearance Areas From houses to be demolished not in or adjoining Clearance Areas From houses to be closed From parts of buildings to be closed	.. .. .. .. .. .. .. .. .. .. .. .. .. .. ..	216 121 32
NUMBER OF FAMILIES DISPLACED		From houses to be demolished in or adjoining Clearance Areas From houses to be demolished not in or adjoining Clearance Areas From houses to be closed From parts of buildings to be closed	.. .. .. .. .. .. .. .. .. .. .. .. .. .. ..	68 25 45 9
UNFIT HOUSES MADE FIT		After informal action by Local Authority - by owner After formal notice under Public Health Acts Previously included in a demolition order Previously included in a closing order	.. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. ..	- - 5 2
HOUSES IN WHICH DEFECTS WERE REMEDIED	Sections 24 and 27 Housing Act, 1957	After formal notice under Public Health Acts After informal action by local authority	.. .. .. .. .. .. .. .. ..	93 93
PURCHASE OF HOUSES BY AGREEMENT		Houses in clearance areas other than those included in confirmed orders or compulsory purchase orders	.. .. .. .. .. .. .. .. ..	-

S E C T I O N I V

INSPECTION AND SUPERVISION OF FOOD

MILK

The number of persons carrying on businesses concerned with the production and distribution of milk in the district during 1970 were as follows :-

Dairy Farmers	1
Purveyors or Milk and Milk-Shop Keepers	62

The estimated quantity of milk produced by the dairy farmer daily amounted to 8 gallons, all of which was sold wholesale to a pasteurising establishment.

The estimated quantity of liquid milk sold daily in the district during the year amounted to 6,783 gallons, equivalent to a daily consumption of 0.6 pint per head of the estimated population; the corresponding consumption per head in the previous year was 0.5.

There were 62 premises in the area directly concerned with the distribution of milk, and the number of visits made by the Public Health Inspectors to these premises during the year amounted to 5. Nearly all the milk distributed in the district was supplied in bottles which had been filled in the wholesalers' premises where the milk had been pasteurised and, consequently, most of the premises occupied by the distributors of milk were only used for the temporary storage of the bottled milk during the intervals between the reception of the milk by the retailers and the retail distribution thereof to the consumers' houses

The number of samples of milk sold as "pasteurised" submitted to bacteriological examination during the year was 54, all of which gave satisfactory results on the application of the Phosphatase Test, indicating that the milk had been adequately heat treated. In five cases, the Methylene Blue Test was reported upon as being unsatisfactory.

The milk which had been treated at the two licensed pasteurising establishments in the district was also regularly sampled and 9 samples of treated milk of the "pasteurised" designation were taken during the year: all of which gave satisfactory results on the application of the Phosphatase Test and the Methylene Blue Test.

During the year, no samples of untreated milk produced on farms in the district were examined for the presence of tubercle bacilli.

MILK SUPPLIED - BRUCELLA ABORTUS

Neither of the two Milk Distributors registered in the Borough to produce and retail milk were licensed for the sale of untreated milk. No raw milk was sold during the year and no samples of this type of milk were taken.

TABLE 27

Milk (Special Designation) Regulations

At the end of the year, the appropriate operative licences to use special designations in relation to milk were as follows :-

"Pasteurised Milk":

Pasteurisers	..	..	..	..	..	..	..	..	2
Dealers	..	..	..	..	..	..	..	..	58

"Sterilised Milk":

Dealers	49
---------	----	----	----	----	----	----	----	----	----

"Ultra Heat Treated Milk":

Dealers	8
---------	----	----	----	----	----	----	----	----	---

ICE-CREAM

During the year, the Public Health Inspectors continued to devote considerable attention to premises wherein ice-cream was manufactured, stored or sold, in order to secure compliance by all vendors of ice-cream with the provisions of the Food and Drugs Act, 1955, and the Ice-cream (Heat Treatment etc.) Regulations, 1959.

At the end of the year, 54 premises had been registered as suitable for the manufacture, storage and sale of ice-cream, 2 premises for the manufacture, storage and sale of ice-lollies and 450 premises for the storage and sale of ice-cream; the latter group of premises were mainly shops where ice-cream in the pre-packed state, as delivered by wholesale manufacturers, was stored and sold by retail.

Prior to registration, all the premises were inspected and inquiries made concerning the health of the vendors, particularly in relation to the history of enteric or intestinal infections.

During the year, 6 samples of ice-cream sold in the district were submitted for examination by the Methylene Blue Test and provisional Grading. All the samples were reported as being in Grade 1 or "Satisfactory".

The manufacturers of "unsatisfactory" and "very unsatisfactory" samples are informed of these results and advised to give the matter their attention, especially in regard to personal cleanliness and appropriate cleansing and sterilisation of the utensils. Amongst the 29 samples taken in the previous year, the percentages classified in Grades 1 to 4 were 65.5, 13.8, 6.9 and 13.8.

MEAT

The number of slaughterhouses licensed in the district during 1970 was 2, and all the slaughtering was carried out at the two slaughterhouses situated at Howard Street, Treorchy and Llanfoist Street, Ton Pentre. During the year, meat inspection was undertaken by one permanent meat inspector, holding the Certificate in Meat Inspection; who was occasionally relieved by a Public Health Inspector, holding the Meat Inspectors' certificate.

The quantities of meat and offal surrendered and condemned owing to the presence of diseased conditions, etc., were 1,978 lbs. and 25,124 lbs., respectively, the amounts attributable to tuberculosis being 575 lbs. and 61 lbs. respectively.

The following table gives a summary of the results of the inspection of the carcasses of animals slaughtered in the district during the year.

TABLE 28
Carcasses Inspected and condemned during the Year 1970.

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	2,360	623	45	12,066	8,988
Number Inspected	2,360	623	45	12,066	8,988
ALL DISEASES EXCEPT Tuberculosis :-					
Whole carcasses condemned	-	-	1	10	5
Carcasses of which some part or organ was condemned	1,026	518	3	1,549	1,068
Percentage of the number inspected affected with disease other than Tuberculosis	43.47	83.01	8.89	12.92	11.94

TABLE 28 (Continued.....)

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Tuberculosis ONLY :-					
Whole carcasses condemned	-	-	-	-	-
Carcases of which some part or organ was condemned	-	-	-	-	34
Percentage of number inspected affected with Tuberculosis	-	-	-	-	0.38

The total number of carcasses inspected in 1970 was 24,082 compared with 22,227 carcasses inspected in the previous year.

The following table shows the percentage of animals which are affected with tuberculosis amongst those slaughtered in the district in each year since 1961 :-

TABLE 29

Percentage of the number of carcasses inspected affected with Tuberculosis

Year	Cattle excluding Cows	Cows	Calves	Pigs
1961	0.04	0.89	-	0.74
1962	0.08	-	-	0.39
1963	-	0.26	-	0.78
1964	0.10	1.48	-	0.00
1965	0.11	1.81	-	1.08
1966	0.05	0.30	-	2.35
1967	0.04	0.55	-	1.18
1968	-	-	-	0.59
1969	-	-	-	0.95
1970	-	-	-	0.38

OTHER FOODS

There were 20 bakehouses in the district which, with few exceptions, were of a small size. There were no underground bakehouses as defined in the Factories Act, 1937. The Public Health Inspectors made 5 visits to bakehouses during the year.

A large bacon curing and "cooked-meats" factory was kept under regular supervision by the Meat Inspector concerned.

POULTRY PROCESSING

There are no poultry processing establishments in the Borough.

UN SOUND FOOD

The principal articles of food condemned during the course of the year, apart from meat in slaughterhouses, were as follows :-

TABLE 30

<u>FOOD</u>	<u>lbs.</u>
Tinned Meat	1,817
Tinned fish	53
Tinned vegetables	915
Tinned Soup	160
Tinned Milk	7
Tinned Cream	33
Tinned rice pudding	69
Tinned fruit	689
Tinned fruit juices	12
Tinned Snack Meals	8
Fresh meat	1,111
Fresh fruit	1,284
Fresh vegetables	1,796
Fish	42
Frozen foods	435
Flour	208
Butter	84
Custard	8
Cereals	87
Marzipan	28
Icing sugar	36
Biscuits	581
Crisps	12
Jam	6
Miscellaneous	12

FOOD AND DRUGS ACT

The examination of samples of food or drugs taken under the provisions of the Food and Drugs Act, was undertaken during the year by Mr. L. E. Coles, B.Pharm., Ph.D., F.P.S., F.R.I.C., at the Cardiff and County Public Health Laboratory.

The total number of samples submitted during the year amounted to 246 consisting of 2 formal samples and 244 informal samples, the details of which are given in the appended summary.

TABLE 31Summary of samples submitted to the Public Analyst during 1970.

Description	Formal Samples			Informal Samples		
	No. Sub-mitted	Results		No. Sub-mitted	Results	
		Gen-uine	Not Gen-uine		Gen-uine	Not Gen-uine
Milk	-	-	-	63	63	-
Milk Product	-	-	-	4	4	-
Butter	-	-	-	3	3	-
Cream	-	-	-	2	2	-
Ice-Cream	-	-	-	24	24	-
Margarine	-	-	-	4	4	-
Drugs and Medical Preparations	-	-	-	16	16	-
Coffee	-	-	-	2	2	-
Tea	-	-	-	2	2	-
Jellies, etc.	-	-	-	4	4	-
Jam	-	-	-	4	4	-
Flavouring	-	-	-	4	4	-
Colouring	-	-	-	1	1	-
Custard	-	-	-	2	2	-
Sauces	-	-	-	7	7	-
Salad Cream	-	-	-	2	2	-
Dates	-	-	-	2	2	-
Malt Vinegar and non brewed condiment	-	-	-	6	6	-
Peanut Butter	-	-	-	3	3	-
Tinned vegetables	-	-	-	4	4	-
Tinned fruit	-	-	-	8	8	-
Lard	-	-	-	1	1	-
Pickles	-	-	-	2	2	-
Honey	-	-	-	1	1	-
Seasoning	-	-	-	1	1	-
Soft drinks	-	-	-	11	11	-
Cornflour	-	-	-	2	2	-
Cheese	-	-	-	1	1	-
Raisins	-	-	-	1	1	-
Drinking chocolate	-	-	-	1	1	-
Sausages, beef	-	-	-	26	26	-
Sausages, pork	2	2	-	15	13	2
Meat pies and pasties	-	-	-	8	8	-
Tinned meat	-	-	-	3	3	-
Pie filling	-	-	-	1	1	-
Cake Mixture	-	-	-	2	2	-
Gelatine	-	-	-	1	1	-
TOTALS	2	2	-	244	242	2

The Certificates of the Public Analyst disclosed that two of the informal samples submitted to him during the year was not genuine, being samples of pork sausages.

The following table contains details of the samples reported on by the Public Analyst as not genuine and the action taken by the Authority.

TABLE 32

Serial No.	Article	Nature of Adulteration or Irregularity	Action taken by the Authority
		<u>INFORMAL SAMPLES</u>	
75s	Pork sausages	Sample contained only 60 parts per cent (W/W) of meat and was, therefore, deficient in meat to the extent of at least seven (7) per cent.	Followed up by a formal sample which complied with the sausage and other meat product regulations
187s	Pork sausages	Sample was deficient in meat content in that it contained sixty (60) per cent of meat.	Followed up by a formal sample which complied with the sausage and other meat product regulations

Prosecutions were instituted in two cases during the year in respect of contraventions of Sections 2 and 8 of the Food and Drugs Act, 1955.

The contravention of Section 8 of the Food and Drugs Act, 1955, concerned the sale of mouldy sausages and the shop owner was fined the sum of £5 and ordered to pay £2 Advocate's Fee.

The infringement of Section 2 of the Food and Drugs Act, related to the purchase of larvae infested flour, but the defendants were found not guilty and the case dismissed. However, the manufacturers were ordered to pay £25 costs to the Council.

CONTROL OF FOOD AND FOOD PREMISES

(1)

Food Hygiene (General) Regulations, 1960

The premises in the Borough from which food is sold are classified into the following main categories.

TABLE 33

Type of business	Total	Number complying with Reg.16.	Number to which Reg. 19 applies	Number complying with Reg. 19.
Butchers and Meat Purveyors	93	93	93	93
Confectioners, Bread and cake Dealers	25	25	-	-
Dairy Produce and Milk Shops	3	3	-	-
Fried Fish and Potato Shops	44	44	44	44
Greengrocers and Fruiterers	93	93	-	-
Grocers and Provision Dealers	167	167	13	13
Refreshment Houses and Temperance Bars	38	38	38	38
Restaurants and Cooked Meat Shops	8	8	8	8
Sweet Shops, etc.	256	256	-	-
Bakehouses	20	12	20	20

(2) Premises registered under Section 16 of the Food and Drugs Act, 1955, and as dairies under the Milk and Dairies (General) Regulations, 1959:-

Manufacture, storage and sale of ice-cream	54
Manufacture, storage and sale of ice-lollies	2
Storage and sale of ice-cream	450
Preparation and manufacture of sausages, potted meat, pickled or preserved foods	45
Preparation of Fried Fish and Potatoes	34
Dairies	62

(3) Number of inspections of registered food premises :-

Ice-cream Vendors	..	..	..	..	..	3
Fried Fish Shops	..	..	..	..	..	1
Dairies and Milk Shops	..	..	..	..	..	5

(4) During their visits to and inspections of food premises, the Public Health Inspectors have concentrated on the individual instruction of the food handlers in these premises on matters relating particularly to personal hygiene. Posters dealing with the handling of food have also been distributed periodically in these shops.

(5) In regard to the disposal of condemned food, the tinned foods have been dealt with by incineration in the refuse destructor, whilst cereal or starchy products such as sponge mixtures, etc., infested with mites have, on certain occasions, been disposed of to local pig keepers. Offal and condemned meat have been removed regularly from the local slaughterhouses by a contractor who owns premises, situated outside the district where the materials are processed and converted into fertilisers, etc.

(6) No special examination of stock or consignment of food was carried out in the district during the year.

THE LIQUID EGG (PASTEURISATION) REGULATIONS, 1963.

The regulations, which came into operation on the 1st January, 1964, require the pasteurisation of liquid egg to be used in food intended for human consumption.

There are no egg pasteurising plants in the Borough. No sample of liquid egg was submitted for examination in 1970.

PESTICIDE RESIDUES IN FOODSTUFFS.

No request was received during the year from the County Public Health Laboratory for the submission of samples of various kinds for examination in connection with the National Pesticide Residues Analysis Scheme

S E C T I O N V

NOTIFIED INCIDENCE OF
CERTAIN INFECTIOUS DISEASES

The following diseases were notified as having occurred during the year :-

<u>Disease</u>						<u>No. of uncorrected notifications</u>
Infective Hepatitis	..	..	..	..	..	173
Scarlet Fever	..	..	..	..	..	40
Enteric or Typhoid Fever	..	..	..	..	..	-
Paratyphoid Fever	..	..	..	..	..	-
Acute Poliomyelitis	..	..	..	..	..	-
Meningococcal Infection	..	..	..	..	..	1
Acute Encephalitis	..	..	..	..	..	-
Leptospirosis	..	..	..	..	..	-
Dysentery	..	..	..	..	..	3
Measles	..	..	..	..	..	1,347
Whooping Cough	..	..	..	..	..	17
Anthrax	..	..	..	..	..	-
Ophthalmia Neonatorum	..	..	..	..	..	1
Food Poisoning	..	..	..	..	..	3
Respiratory Tuberculosis	..	..	..	..	..	22
Other forms of Tuberculosis	..	..	..	..	..	2
Tetanus	..	..	..	..	..	-
Smallpox	..	..	..	..	..	-
Yellow Fever	..	..	..	..	..	-

Table 34 shows further details of these cases.

RHONDDA BOROUGH COUNCIL

TABLE 34

CASES OF INFECTIOUS DISEASES NOTIFIED DURING 1970

NOTIFIABLE DISEASES	All Ages	Cases notified in the whole district										Total Cases notified in each Ward									Total cases admitted to Hospital		
		All Ages - Years										Unknown	TreherbertTreorchyPentreYstradLlwynypiaTrealawPenygraigPorthKynshirTylorstownFerndale										
		Under 1	1 yr	2 yrs	3 yrs	4 yrs	5 to 9	10 to 14	15 to 24	25 and over													
Scarlet Fever	40	-	1	2	5	8	18	4	2	-	-	1	-	-	-	20	3	13	1	1	1	-	-
Whooping Cough	17	3	3	2	1	1	5	-	-	1	1	-	-	-	-	5	1	5	1	-	1	4	-
Acute Poliomyelitis(Paralytic)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute Poliomyelitis (Non Paralytic)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Measles	1347	66	162	171	252	243	397	29	9	1	17	66	16	29	46	193	83	120	13	20	324	437	-
Infective Hepatitis	173	-	-	2	2	5	65	23	42	31	3	57	29	3	3	19	13	13	-	-	3	33	-
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dysentery	3	-	1	-	-	-	-	2	-	-	-	-	-	-	-	3	-	-	-	-	-	-	-
Meningococcal Infection	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
Ophthalmia Neonatorum	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-
TOTALS	1,582	70	168	177	260	257	485	58	53	33	21	124	45	32	49	240	101	151	15	21	329	475	1

NOTIFIABLE DISEASES	All Ages	Cases notified in the whole district					Total cases notified in each Ward									Total cases admitted to Hospital				
		All Ages - Years					Unknown	Treherbert	Treorchy	Pentre	Ystrad	Llwynypia	Trealaw	Penygraig	Porth		Ynyshir	Tylorstown	Ferndale	
		Under 5	5 to 14	15 to 44	44 to 64	65 and over														
Tetanus	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Leptospirosis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Smallpox	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute Encephalitis, Infective	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute Encephalitis, Post Infectious	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Enteric or Typhoid Fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Paratyphoid Fevers	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Anthrax	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Food Poisoning	3	1	2	2	-	-	-	-	-	-	-	-	-	-	-	-	-	3	-	-
Yellow Fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tuberculosis, Respiratory	22	-	1	4	10	7	-	-	3	-	1	3	3	3	1	6	1	-	1	3
Tuberculosis, Other	2	-	-	-	1	1	-	-	-	-	-	-	-	-	1	-	1	-	-	1
Tuberculosis, Meninges & C.N.S.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTALS	27	1	3	4	11	8	-	3	-	1	3	3	3	3	2	6	2	3	1	4

S E C T I O N VI

TUBERCULOSIS

Table 36 shows the distribution by age-group and sex of new notifications and deaths from Tuberculosis during 1970.

TABLE 36

	RESPIRATORY				MENINGES AND C.N.S.				OTHER			
	Males		Females		Males		Females		Males		Females	
	No. of cases Notified	No. of deaths	No. of cases Notified	No. of deaths	No. of cases Notified	No. of deaths	No. of cases Notified	No. of deaths	No. of cases Notified	No. of deaths	No. of cases Notified	No. of Deaths
00-	-	-	-	-	-	-	-	-	-	-	-	-
5	1	-	-	-	-	-	-	-	-	-	-	-
15	1	-	-	-	-	-	-	-	-	-	-	-
25-	2	-	1	-	-	-	-	-	-	-	-	-
45-	8	3	2	-	-	-	-	-	1	-	-	-
65-	7	8	-	-	-	-	-	-	-	-	-	2
All Ages	19	11	3	-	-	-	-	-	1	-	-	2

S E C T I O N V I I
S E R V I C E S F O R T H E A G E D

In addition to the four Day Centres already in operation, viz. Nazareth, Williamstown; 'Combine' House, Tonypandy; 'Teify House', Maerdy; and Stanleytown Day Centre, Stanleytown (renamed 'Carey' Day Centre in December, 1970), a further Centre - Wattstown Day Centre, Wattstown - was opened during the year.

This latter Centre, which was formerly a Workmen's Club and Institute, was acquired by the Council in September, 1967, and following extensive repairs and redecoration, together with certain structural alterations, carried out by a private firm of building contractors, the premises were opened to the Senior Citizens in September, 1970.

As with the other Centres, the building comprises of a small kitchen; dining room; men's lounge; concert hall; ladies' craft room; games room; bathroom; and ladies' and gents' toilets.

As indicated in my Report for the preceding year, it has not been possible to provide a mid-day meal at this Centre for the time being. This is due to the fact that the large kitchen at the Nazareth Centre, Williamstown, is working to more than capacity and is unable to cater for the provision of additional meals. The position will be rectified when another large kitchen becomes available in the proposed Major Centre at Porth.

It is regretted that, since its opening, the provision of afternoon teas and evening snacks envisaged for the Centre has not yet materialised owing to the necessary staff not having been appointed.

The appointment of such staff is likely to take place during the early weeks of next year.

The development of two additional Centres is proceeding at Trealaw and Blaencwm, respectively.

Table Nod. 37 below provides details of entertainments and other functions arranged for the Centres throughout the year.

TABLE 37

Nature	Day Centre				
	Nazareth	'Combine' House	'Teify' House	Stanley- town	Wattstown
Concerts	12	6	10	6	NOT
Dances	35	24	30	12	
Socials with Music and Dancing	3	-	3	1	YET
Socials with Music but no dancing	-	2	5	2	
Film Shows	8	* -	8	8	ARRANGED
Choir Practices	40	20	50	10	

*Permission is unobtainable from the Proprietor of a nearby Cinema for the showing of films at this Centre.

Since the commencement of the Services in November, 1964, meals have been provided for the housebound and Centre Members as shown in Table 38 below.

TABLE 38

	1964	1965	1966	1967	1968	1969	1970	TOTALS
<u>DINNERS</u>								
(a) Meals on Wheels	4,803	62,427	75,356	75,636	77,326	85,926	91,098	472,572
(b) Nazareth Centre	-	9,522	15,955	13,333	9,999	12,979	13,853	75,641
(c) 'Combine' House	-	-	-	9,502	16,028	18,014	16,544	60,088
(d) 'Teify House'	-	-	-	655	12,727	11,342	9,632	34,366
(e) 'Carey' Centre	-	-	-	-	-	3,585	6,048	9,633
	4,803	71,949	91,311	99,136	116,080	131,846	137,175	652,300
<u>AFTERNOON TEAS</u>								
(b) Nazareth Centre	-	4,747	12,423	13,106	10,356	11,191	11,360	63,183
(c) 'Combine' House	-	-	-	7,133	12,902	13,384	11,875	45,274
(d) 'Teify House'	-	-	-	173	6,033	7,170	5,720	19,096
(e) 'Carey' Centre	-	-	-	-	-	-	-	-
	-	4,747	12,423	20,392	29,291	31,745	28,955	127,553
<u>EVENING SNACKS</u>								
(b) Nazareth Centre	-	3,415	9,259	9,842	6,836	6,750	7,637	43,739
(c) 'Combine' House	-	-	-	3,312	6,847	6,806	6,476	23,441
(d) 'Teify House'	-	-	-	228	4,641	5,985	5,007	15,861
(e) 'Carey' Centre	-	-	-	-	-	1,377	2,227	3,604
	-	3,415	9,259	13,382	18,324	20,918	21,347	86,645

(a) First meal supplied 23rd November, 1964.

(b) Meals commenced 14th June, 1965.

(c) Meals commenced 1st May, 1967.

(d) Meals commenced 7th December, 1967.

(e) Meals commenced 28th July, 1969.

(For financial reasons, meals at this Centre are restricted to Dinners and Evening Snacks only).

S E C T I O N VIII

MISCELLANEOUS

LABORATORY FACILITIES

The bacteriological and chemical examination of materials such as throat or nasal swabs, stools, water, ice-cream, milk, etc. submitted by the Health Department were undertaken at the Public Health Laboratory, Institute of Preventive Medicine, Cardiff, and any advice sought in relation to the collection of samples during the course of investigation was always readily obtained from the staff at the Laboratory.

HOSPITAL FACILITIES

The local hospital facilities available for the inhabitants of the district are administered by the Pontypridd and Rhondda Hospital Management Committee on behalf of the Welsh Regional Hospital Board. The Committee control twelve hospitals, with a bed complement of 1,179.

NATIONAL ASSISTANCE ACT, 1948 - SECTION 47.

The above Section of the National Assistance Act, 1948, as amended by the National Assistance (Amendment) Act, 1951, provides for the removal to suitable institutions of persons who are considered to be in need of care and attention. No action was taken under this Section in 1970.

PERSONAL HEALTH SERVICES

The personal health services which are administered by the Rhondda Borough Council under the Scheme of Delegation agreed with the Glamorgan County Council are :-

National Health
Service Act, 1946.

Section 21	Health Centres
22	Care of Mothers and Young Children.
23	Midwifery
24	Health Visiting
25	Home Nursing
26	Vaccination and Immunisation
29	Home Help Service
28	Prevention of Illness Care and Aftercare
Section 28 (As amended by Mental Health Act, 1959)	Care and Aftercare of Mentally Ill in Residential Accommodation
Mental Health Act, 1959, (County Council Functions)	Mental Health Services
Nursery and Child Minders Regulations Act, 1948 (as amended by the Health Services and Public Health Act, 1968).	Registration and Inspection of Premises where Children are looked after for Gain.

ANTE-NATAL CARE

The care of women during childbirth has been described as a measure of its degree of civilisation of a community. With every advance, scientific or sociological, the hazards of childbirth are being further reduced. However, it is ignorance about the coming event that causes so much worrying "Will I have a normal confinement? Will my baby be alright?" These are two of the most usual questions that go round and round in a woman's mind. Pregnancy is a condition that calls for highly responsible behaviour on the part of the expectant mother. She is an important member of the team which may include specialist, general practitioner, midwife and medical officer of health. The rest of the team can do little if the mother does not play her part and of importance in this respect is regular attendance at an ante-natal clinic.

The better the quality of ante-natal care, and the earlier it begins in pregnancy, the safer is the outcome. The death rate among the babies of mothers who receive no care at all in pregnancy is about five times the average which means that about 1 in 7 of these babies is lost. This shows how great a difference proper care in pregnancy can make. However, even the babies who survive may be handicapped all their lives because their mothers did not receive proper care or did not know how to look after themselves.

TABLE 39

	1961	1962	1963	1964	1965	1966	1967	1968	1969
No. of centres provided	7	7	7	7	7	7	7	7	7
No. of women who attended during year	1353	1291	1208	1005	1404	1267	984	509	417
Total number of attendances during the year	7672	7234	6764	6795	5708	5176	5124	2550	2024

It will be noted that the fall in the number of women attending our ante-natal clinics in recent years continued. This decline in the number of patients is due to the fact that more general practitioners are holding their own special surgeries for expectant mothers, and general practitioners have been invited to make use of our clinics free of charge to enable them to give ante-natal care for their patients and arrangements are made for our midwives to be in attendance at the general practitioners' special surgeries. An increasing proportion of general practitioners are beginning to use this service. A special ante-natal clinic is also held at Llwynypia hospital but usually expectant mothers attend this clinic towards the end of their pregnancy after first attending our own clinic or their family doctor.

SEE TABLE OVERLEAF

TALKS ON ANTE-NATAL CARE AND PREPARATION FOR MOTHERHOOD.

Talks on ante-natal care, mothercraft and relaxation classes were held at our clinics. As a rule, the mothers who attend are expecting their first baby. The talks are very informal and general practitioners have been advised that their patients who had been attending their own ante-natal clinics would be welcome to attend our clinics for these talks and relaxation.

Mothers who attend these classes derive great benefit and are more relaxed at their confinement.

UNMARRIED MOTHERS

There are many angles to this problem and they may be divided into moral and health problems. Here we are concerned with the latter. The infant mortality rate for illegitimate children is much higher than that for children born in wedlock. The Minister of Health has urged local authorities to co-operate with and re-inforce the work of voluntary moral welfare associations. Some local health authorities themselves provide ante-natal and post-natal homes, besides employing a social worker; many others use their maternity and child welfare powers financially to assist voluntary associations which maintain ante-natal and post-natal homes providing for the wider needs of these women. Many women are successfully helped, but others often of low grade mentality, are difficult and form one class of "problem family".

There has been a change in the attitude of society towards the unmarried mother and her child. Apart from special provisions during childbirth, there is entitlement to insurance benefits under the National Insurance Act.

During 1970, a total of 5 unmarried mothers from Rhondda entered mother and baby homes and were helped in this way by the Health and Welfare Services Committee of the Rhondda Borough Council.

THE FOLLOWING TABLE SHOWS THE DETAILS OF PREMATURE BIRTHS OCCURRING DURING 1970 ACCORDING TO WEIGHT AT BIRTH

[illegible]

HEALTH CENTRES

When a comprehensive health centre for Britain was first described in detail by the Dawson Committee in 1920, health centres were put forward as a basis for all medical care. In the National Health Service Act, 1946, the general practitioner was to play a vital role in the health services - the health centre was seen as a cornerstone of general practice.

A health centre consists of purpose-built or adapted premises designed and equipped to house the multi-disciplined team providing primary medical care in the community.

While only a handful of health centres had been built up to 1965, now (December, 1970), 187 health centres have been completed in England and Wales, 130 are being built and 198 are planned or under consideration by the Department of Health and Social Security.

Undoubtedly the best medical care for the community is given by a multi-disciplined team based at the health Centre. This will normally consist of general practitioners, nurses, health visitors, community nurses, social workers, receptionists and secretarial staff working closely with other professional workers, e.g. dentists, chiropodists, physiotherapists, speech therapists, opticians, etc..

There should be a close working partnership between health centres and the local family welfare units of the Social Services Department of local authority set-up following the Seebohm Report.

Health Centre plans for the Mid-Rhondda area were drawn up by the Borough Architect after consultation with the seven General Practitioners in that part of the Rhondda who wished to practise from a Health Centre. The Centre is to be located at DeWinton Field, Tonypany, which is an ideal location. It will be completed towards the end of June, 1971, and, undoubtedly, will prove to be a considerable step forward in the provision of medical services for the population of the Mid-Rhondda area. It is anticipated that other Health Centres will be built in other areas of the Borough within the next decade.

NATIONAL HEALTH SERVICE (FAMILY PLANNING) ACT, 1967.

Under the provisions of the above-mentioned Act, two family planning clinics were set up in the Borough. Both clinics are held on a Thursday commencing at 1.30 p.m. At Carnegie Clinic, Trealaw, the session is held on the first and third Thursdays of every month. At Ferndale Clinic, the session is held on the second and fourth Thursdays of every month.

The above-named Act extended the existing powers of local health authorities in order to enable them to provide (or arrange for the Family Planning Association to provide) advice on contraception and supplies for any persons who need them on social grounds and not as hitherto only in medical cases, that is, for women likely to suffer detriment to their health as a result of pregnancy. In so doing, the Act went beyond the existing powers, limited under Section 28 of the National Health Service Act, 1946, to the prevention of illness and constitutes a new and entirely separate provision replacing the powers relating to family planning under that section.

The County Council agreed to provide a direct family planning service but to allow the Family Planning Association to continue holding clinics free of charge in the Authority's premises. Women will, therefore, have a choice; a free advisory service from the County Council or a fee-paying advisory service from the Family Planning Association. Contraceptive substances and appliances will continue to be provided free of charge to women where pregnancy would be detrimental to health although a charge will be made where these are supplied to others. It will be possible, of course, for patients to seek advice from family doctors, and, in addition, the hospital service will fit intra-uterine device without charge for women who require it on medical grounds.

Although many health services are being curtailed because of the need for economy, it has been decided to expand the family planning service because, as stated in Welsh Board of Health Circular 15/67

"an adequate family planning service fully integrated with other community services is an essential part of family welfare and will help to relieve the burden placed on other local authority services by the physical ill-health and mental distress arising through lack of knowledge and anxiety"

The availability of the Family Planning Services are widely publicised and general practitioners, clinic medical officers, health visitors, midwives, hospital midwifery staff, social welfare officers, the children's department and all other social agencies have already been notified about the provisions made in this Borough. The general education in family planning will feature in courses of talks or discussions at mothercraft classes and post-natal clinics and in the day-to-day educational activities of health visitors and midwives in their visits to the home. In these ways, help and encouragement will be given to the creation of a stable and healthy family life. Considerable difficulty has been experienced in acquiring medical staff for these clinics and, at the present time, day clinics only can be held. It is envisaged, however, that when the medical staffing situation improves, that at least one weekly evening clinic will be made available.

Before oral contraceptives are prescribed, women will be screened for breast cancer, carcinoma of the genital tract and the views of the family doctor concerned will be invited regarding contra indications.

It has been agreed that advice may be given to the unmarried at birth control clinics. It is envisaged that this advice will be given to engaged couples and to that minority of women who have families but live in an unmarried state. Other young people who come forward for advice may require counselling. Arrangements are now being made for designated midwives to receive training with the Family Planning Association who have training clinics at Cardiff Royal Infirmary.

The following statistical table indicated the extent of the work carried out at these clinics during 1970.

TABLE 41

(a)

	Number of new patients seen during year ended 31st December, 1970.		
	Married (including the widowed, separated or divorced)	Unmarried	Total
1 Male	-	-	-
2 Female	134	9	143
3 Total	134	9	143
(b) Number of new patients seen during the period who were :-	4 Medical cases		6
	5 Non-medical but needy		7
	6 Other non-medical cases		130
	7 Total		143
(c) Number of new patients seen during the period who were initially advised to use (see Note 3) :-	8 Sheath		7
	9 Pill		103
	10 Diaphragm		35
	11 I.U.D.		NIL
	12 Other methods		1
	13 No method advised		NIL
(d) Total number of attendances during period 14 (including new patients)			410
15 Number of premises regularly used for family planning sessions at end of period			2
16 Number of "doctor" sessions or "nurse only" sessions held during 17 period (see note 4)	Doctor sessions		36
	Nurse only sessions		9
18	Total		45
(e) Number of current cases on register at end of period who were:-	19 Medical (free)		2
	20 Non-medical but needy		7
	21 Other non-medical		125

CERVICAL CYTOLOGY SERVICE

In June, 1969, a limited cervical cytology service was set up and operated through the Authority's clinic at Ynyswen, Treorchy.

The service of one Local General Practitioner was obtained and it was decided to hold the Clinic on one session per week, viz. every Tuesday evening, eight appointments per session. Facilities have been made available for the Authority at East Glamorgan Hospital (Pathology Department) for the reading of plates.

At the Authority's Family Planning Clinics, patients are also "screened" for cervical cytology and the figures set out below include patients seen at these clinics together with those patients seen at the Cervical Cytology Clinic.

TABLE 42

Number Tested	Number of negative results	No. referred for further investigation		Of cases referred for further investigation known to have cancer of the Cervix.
		(a) Consultant	(b) General Practitioner	
Women aged 35 yrs. and over				
175	29	-	146	1 (Ovary)
Women under 35 yrs.				
176	102	-	74	-

INFANT WELFARE CLINIC

There was a slight decline in the number of children (first visits) who attended our infant welfare clinics in 1970, compared with 1969.

Our infant welfare clinics are on the whole well designed and adequately staffed. Only one clinic at the Y.M.C.E. building at Porth is situated in hired premises; and other infant welfare clinics are held at our seven clinics, four of which were purpose built, and three are premises adapted for this purpose. There is one clinic for every 12,500 of the population. The ratio for England and Wales is one clinic per 7,700 of the population, but it must be remembered that there are many clinics in other parts of the country and even in the County of Glamorgan, which are in hired church halls and chapel vestries, many such premises being unsuitable.

The infant welfare clinics are usually manned by a medical officer, one health visitor, a clinic nurse and a food sales clerk. Mothers bring their babies throughout their early life for medical examinations at intervals but attendances are rare after the first year of life. Immunisation and vaccination are given against diphtheria, tetanus, whooping cough, poliomyelitis and smallpox. Mothers can also consult health visitors on baby care and management and a wide range of baby foods is available at reasonable prices.

A register is compiled of children who for a variety of reasons, may develop such disabilities as deafness or backwardness and the progress of these children would be followed into school life, thus ensuring that they will receive the necessary medical treatment or the appropriate form of education suited to their requirements.

TABLE 43

Attendances at Welfare Centres 1970

Children who first attended during period and who were under 1 yr. old at first attendance	Attendances of Children Born in					
	1970		1969		1965-1968	
	First Visits	Re-Visits	First Visits	Re-Visits	First Visits	Re-Visits
1,297	998	4,681	1,031	4,550	664	681

Medical Officers at the infant welfare clinics may also refer children to family doctors for treatment for defects they discover at medical examinations, to the physiotherapist via the orthopaedic surgeons for treatment of orthopaedic defects and to the dental surgeon for dental care.

The following table indicates the quantity of Government foods distributed since 1966, and it will be noted that Government foods were also distributed free of cost to mothers with very low incomes.

TABLE 44

Year	National Dried Milk				Vitamin Preparations				Orange Juice	
	Full Cream		Half Cream		Cod Liver Oil (Bottles)		A & D Tablets (Packets)			
	Free	Paid	Free	Paid	Free	Paid	Free	Paid	Free	Paid
1966	331	2817	9	-	1027	1088	145	927	4126	21333
1967	203	1449	-	-	1400	709	180	683	4518	19133
1968	323	917	-	-	1387	682	170	664	4700	18678
1969	350	823	-	-	1265	538	137	748	4780	19499
1970	254	811	-	-	1088	385	106	909	3465	18938

DENTAL TREATMENT

"Fluoridation of Water Supplies"

It has long been known that, in those areas where there is a high level of fluoride occurring naturally in the public water supply, the incidence of dental caries is much reduced.

Controlled trials both in the U.K. and in North America have shown that the adjustment of the fluoride content of the public water supply to an optimum level of 1 part per million, results in a considerable diminution of caries experienced in the community. Initially, this is seen as a 50% reduction in the amount of caries experienced by the children but this, with adequate care, can be carried into adult life.

Fluoridation as a public health measure, has been opposed by a small but vociferous minority who see in this issue a menace of the body public. This is an opinion which, although sincerely held, is not borne out by scientific investigation, nor indeed by the health experience of those communities whose water supplies are naturally fluoridated. Nevertheless, no public health measure has been so rigorously tested over the years or subjected to so much expert scrutiny. It has been ratified as being both desirable and safe by dental and medical opinion and supported without reservation by the World Health Organisation, the General Dental Council, the British Dental Association, the British Medical Association, the Society of Medical Officers of Health and the Royal Society of Health, and endorsed by the County Councils Association and the Association of Municipal Corporations. The Ministry of Health is now actively engaged in encouraging local authorities to adopt it. Fluoridation can be carried out at the cost of a few pence per head of population and would achieve a reduction in the cost of dental care out of all proportion, not only directly, but in terms of man hours lost through dental illness and its treatment. The concomitant reduction in dental pain and distress, particularly among children, cannot be too strongly desired.

Number of visits for Treatment during the year 1970

TABLE 45

	Children 0-4 (incl)	Expectant and Nursing Mothers
First Visit	106	12
Subsequent Visits	293	45
Total Visits	399	57
Number of additional Courses of Treatment other than the First Course commenced during year	14	1
Treatment provided during the year -		
No. of fillings	367	68
Teeth filled	318	55
Teeth extracted	132	10
General Anaesthetics given	54	NIL
Emergency visits by patients	16	1
Patients X-Rayed	2	2
Patients treated by Scaling and/or removal of stains from the teeth (Prophylaxis)	8	10

	Children 0-4 (incl)	Expectant and Nursing Mothers
Teeth otherwise conserved	8	-
Teeth root filled	-	-
Inlays	-	-
Crowns	-	-
Number of Courses of Treatment completed during the year	47	4
<u>Part B. Prosthetics</u>		
Patients supplied with F.U. or F.L. (First Time)	2	-
Patients supplied with other Dentures	3	-
Number of Dentures supplied	5	-
<u>Part C. Anaesthetics</u>		
General Anaesthetics administered by Dental Officers	-	-
<u>Part D. Inspections</u>		
Number of Patients given First Inspections during year	140	16
Number of Patients in A and D above who require treatment	134	16
Number of Patients in B and E above who were offered treatment	128	16
<u>Number of Dental Officer Sessions</u>		
(i.e. Equivalent Complete Half Days)	<u>For Treatment</u>	123
Devoted to Maternity and Child Welfare Patients.	<u>For Health Education</u>	-

TESTING FOR PHENYLKETONURIA

With a view to preventing mental retardation associated with phenylketonuria by early diagnosis and treatment, Health Visitors carry out tests for phenylketonuria on all babies. This is done by examining the urine of six week old babies. The incidence of phenylketonuria is very low and no cases have come to light so far.

MIDWIFERY SERVICE

The following information shows the number of home confinements and early discharges from hospital in 1970. Totals for previous years are given below. It will seem that again in 1970, there has been a considerable decrease in domiciliary births, e.g. a decrease of 34% compared with the 1969 figure. There has, of course, been a considerable increase in early Hospital discharges. There was an 8% increase in the number of discharges early in 1970 as compared with 1969.

TABLE 46

HOME CONFINEMENTS AND EARLY DISCHARGES DURING YEAR ENDED 31ST
DECEMBER, 1970.

	Home Confinements	Early Discharges
<u>QUARTER ENDED</u>		
MARCH	44	182
JUNE	35	193
SEPTEMBER	31	225
DECEMBER	33	213
TOTAL, 1970	143	813
1969	215	745
1968	236	956
1967	324	893
1966	374	774
1965	550	648
1964	730	369
1963	812	312
1962	857	175
1961	816	128

On the 1st January, 1970, the strength of the Midwifery Service was as follows, viz :-

Full-time Midwives -
Maternity -

The number of births notified during the year under Section 203 of the Public Health Act, is given below and a comparison is made with previous years.

TABLE 47

	1962	1963	1964	1965	1966	1967	1968	1969	1970
No.of births notified	1689	1681	1636	1607	1468	1467	1357	1368	1314
Live births	1628	1634	1605	1569	1437	1426	1335	1347	1284
Stillbirths	61	47	31	38	31	41	22	21	30
No.of hospital live births	848	845	906	1039	1079	1113	1113	1143	1145
No.of domiciliary births	841	789	699	530	358	313	222	204	139
No.of hospital stillbirths	40	38	21	32	24	36	18	19	27
No.of domiciliary stillbirths	21	9	10	6	7	5	4	2	3

The percentage births which took place in hospital in recent years.

<u>1962</u>	<u>1963</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>	<u>1967</u>	<u>1968</u>	<u>1969</u>	<u>1970</u>
50	53	57	67	66	78	83	85	89

HEALTH VISITING SERVICE

The reduction in the infant mortality rate is as good a testimonial as one would wish to present to the health visitors on their work, but one may wonder that if the battle against the causes of infant ill-health has been largely won, whether health visitors are really necessary today? The answer to this is given in Section 24 of the Act itself which enlarges the scope of the Health Visitors' work to include the health of the whole family. The health visitor has lost her specialised groups interest and has become one of what is really a vast army of social workers. Health Education will become a major function of the health visitor.

The report of the working party on health visiting summarised the work of the health visitor as being primarily health education and social advice. Health education - the teaching of health - is indeed a large part of the health visitors' work; she visits homes of families, the ordinary, normal families, as well as those subject to stress or tensions, the young harassed mother and the lonely elderly citizen. The best service to the community can undoubtedly only be obtained where good working relationships are built up between the Medical Officer of Health, the health visitors and general practitioners, and in these conditions the same excellent co-operation can be established between the family doctor and health visitor as has existed for so long between the family doctor, district nurses and midwives.

The health visitor has a special role in regard to those persons for whom the doctor is clinically responsible but who may not realise the help available particularly in the case of problem families and elderly people living alone. With mutual exchange of information, the burden of much of a family doctor's work can be eased by a health visitor in whom he has confidence and who he knows will consult and inform him when any special problems arise.

The College of General Practitioners and the Royal College of Nursing believe that the future of good general practice and good health visiting lies in the establishing of a successful working partnership between the family doctor and health visitor. The two Colleges believe it will be possible to arrange that health visitors can remain local authority employees responsible, administratively, to the Medical Officer of Health, while working within the framework of family doctor practice.

It will be noted from the table below that 2,786 aged persons were visited. This illustrated the principle outlined above that the work of the health visitor has changed. A great deal of the health visitor's time is taken up by visits to the elderly and such work is of inestimable value.

The number of elderly people is increasing because of the success of preventive and curative medicine in reducing the number of deaths at younger ages. The care of the elderly is now a national challenge. It is a human problem which cannot be solved by rules and regulations, reports, committees, or by this or that statutory organisation.

It is a problem that comes to each one personally for an individual choice, either to leave it to "someone else", or to face up to a moral responsibility of a very exacting nature. One can only say that the "easy way out" so often sows the seeds of long continued family discord and rarely brings any peace of mind; whereas doing what seems right usually turns out to be the right thing to do. Fortunately, the great majority of elderly persons are cared for at home by their relatives. It was thought, until quite recently, that the only place suitable for the vast majority of aged people was a hospital for the chronic sick or a Welfare Institution. Their compulsory removal to either often caused acute distress to the old people taken from their homes and near relatives. In recent years,

there has been a great change of opinion and it is now realised that the elderly will generally not only be happier if they can pass their last years in their accustomed surroundings, but also that their expectation of life will not be reduced but possibly increased and that their physical and mental health can be provided for adequately if they remain at home.

Whether home or institutional care is better in the case of any individual aged person is a matter for consideration and discussion by, on the one hand, the patient and his relatives and, on the other, the family doctor and the hospital and local authorities.

Since there are only a limited number of hospital and welfare beds set aside for the care of the elderly, it is obvious that the great majority of elderly people must be cared for at home and must become dependent on their relatives, friends, neighbours and upon local authority staff when they are ill or suffering from some infirmity. Unless this help is given they are likely to become seriously ill, and their numbers are so considerable that their chances of obtaining admission to hospital, particularly in the winter when there is so much sickness about, can be very slight. Again, if the hospital is to continue to treat the elderly sick, then their beds must be freed periodically by the discharge of elderly persons back home. Failure of relatives to receive back from hospital an elderly person or failure by a local authority to provide after-care, naturally leads to a bottleneck, which in turn means inability to admit elderly sick persons clearly in need of hospital treatment.

The Health Visitor can play a vital part by regular visiting of the aged. Loneliness is a great hardship to old people. They feel neglected by society, their friends and family, if no one visits them periodically and takes a personal interest in them and their welfare. Loneliness leads to apathy, indifference and mental depression - and as a result, the elderly person neglects to take proper meals; to attend adequately to personal hygiene and appearance and to take a sufficient interest in her home conditions. She may also decline to go out and gradually become more and more of a hermit; eventually almost resenting anyone intruding into her life. The end result can be a marked deterioration in physical health and a mental state resembling mild dementia.

The following table indicates the number of patients visited by Health Visitors during the year :-

TABLE 48

Cases visited by health visitors		No. of cases
1.	Total number of cases	11,879
2.	Children born in 1970	1,294
3.	Children born in 1969	1,626
4.	Children born in 1965-68	3,792
5.	Total number of children in lines 2-4	6,712
6.	Persons aged 65 or over	2,786

TABLE 48 (Continued).....

	Cases visited by Health Visitors	Number of Cases
7.	Number included in line 6 who were visited at the special request of a G.P. or hospital.	1,787
8.	Mentally disordered persons	-
9.	Number included in line 8 who were visited at the special request of a G.P. or hospital	-
10.	Persons, excluding Maternity cases, discharged from Hospital (other than Mental Hospitals)	20
11.	Number included in line 10 who were visited at the special request of a G.P. or hospital	15
12.	Number of tuberculosis households visited	442
13.	Number of households visited on account of other infectious diseases	38
14.	Other cases	1,881

The establishment of the Health Visiting/School Nursing Service at the end of December, 1970, was fifteen officers. There is also a Nursing Officer in charge. A temporary health visitor is seconded for duty with the Medical Research Council and is supernumerary to the establishment. All the health visitors and the Nursing Officer in charge, possess the Health Visiting Certificate.

NURSERIES AND CHILD MINDERS REGULATIONS ACT, 1948.

The purpose of the Nurseries and Child Minders Regulations Act, is to provide for the registration of nurseries and child minders with the object of safe-guarding the health and welfare of the children.

The Act places the duty upon the County Council to keep registers of and empowers them to supervise.

- (a) premises (referred to in this memorandum as day nurseries) in their area other than premises wholly or mainly used as private dwellings, where children are received to be looked after for the day or a substantial part thereof or for any longer period not exceeding six days; and

- (b) persons (referred to in this memorandum as daily minders) in their area who, for a reward receive into their homes, children under the age of five to be looked after for the day or a substantial part thereof for any longer period not exceeding six days.

The Act does not apply to residential nurseries or to persons such as foster parents who provide homes for children apart from their parents.

The County Council may refuse registration if they are satisfied that the person employed or to be employed in a nursery, or the daily minder, is not a fit person or that the premises or the minder's house is not fit for the purpose.

In accordance with the provisions of the Act, a Play Centre for certain children aged 2½ to 5 years of age, was established at Maes-yr-Haf, Treallaw, under the supervision of the Warden of the Centre, Mr. F. B. Naylor.

The children who attend the Centre are those where the number of school children in the family exceed 5 thus giving considerable relief to a harassed mother. The maximum number of children allowed at the Centre is 15. The premises were inspected and a written report on the Centre and its staff, was made by the Nursing Officer (Health Visitors). The Nursing Officer visits regularly and submits periodic reports.

HOME NURSING SERVICE

Section 25 of the National Health Service Act, places on the Local Health Authority, the duty to make provision in their area for securing the attendance of nurses on persons who require nursing in their own homes.

The primary function of the service is sick nursing, but it should be noted that it also serves two other purposes:-

- (1) to support home medical supervision and economise the time of the family doctor;
- (2) to spare hospital beds by enabling more cases to be cared for at home and by making early discharge from hospital more often a practice of choice. The home nursing service, in other words, should be regarded as a handmaid of the family doctor and hospital service, and should be made as useful as possible to both.

Ordinarily, a nurse is summoned by the family doctor and works under his direction. The service is provided free, and arrangements are also made for lending sick-room equipment free of charge. This is done from the Personal Health Services Section. In many homes, where financial resources are limited, the free loan of equipment adds to the effectiveness of the nursing service.

District Nurses co-operate well with the general medical practitioners - here there is commonly a real partnership. They carry out a very definite job of work, improvisation, and adapting techniques to circumstances has to be the keynote of the district nurse in her work. The volume of work in connection with the chronic sick, continues to increase, particularly as the hospitals have, as yet, found no solution to the shortage of chronic sick beds. With an ageing population, this aspect will become more and more important.

There is not sufficient information about sickness in the home to estimate what demands are ultimately likely to be made on the home nursing service, which is freely available according to need.

The establishment of Home Nurses in the Rhondda Borough is as follows :-

18 full-time Home Nurses
7 part-time relief Home Nurses
8 casual relief Home Nurses.

This represents an establishment of .18 per 1,000 population and the Command Paper "The Development of Community Care" presented to Parliament by the Minister of Health in 1963, considered that local authorities with well-developed home nursing services, had a ratio of .18 per 1,000 population. The care of the elderly at home, is a major factor in any assessment of the future needs of the home nursing service.

The following table shows the number of visits made to the aged.

TABLE 49

Year	Total No. of Patients who were attended	Patients over 65 years	% of total cases over 65 yrs.	Total No. of visits paid	Visits to patients over 65 years.	Visits to patients 65 yrs. and over as a % of total visits
1961	2,207	957	43	83,767	49,334	59
1962	2,056	959	47	83,591	51,076	61
1963	1,955	946	48	80,474	52,711	65.5
1964	2,364	1,115	47	84,578	52,702	62.3
1965	1,958	1,004	51	80,393	52,108	65
1966	1,942	978	50	75,500	49,461	65
1967	2,081	1,105	53	73,077	47,825	64
1968	2,106	1,198	57	71,332	47,815	67
1969	2,062	1,207	58	72,121	48,732	67
1970	1,955	1,139	58	69,676	46,857	67

VACCINATION AND IMMUNISATION

The organised programme of immunisation at present in operation in Great Britain comprises procedures against six infectious diseases, i.e. diphtheria, whooping cough, tetanus, poliomyelitis, smallpox and tuberculosis.

As these procedures are carried out during childhood - most of them during the first two years of life - it is necessary to consider a number of factors when drawing up a programme of immunisation procedure. Such factors are :-

1. The provision of the best possible immunity against each particular disease.
2. The number of injections should be as few as possible. It has been found, in practice, that it is advantageous to combine the diphtheria, tetanus and whooping cough vaccines into one "triple antigen". This results in one injection instead of three.
3. The risk of causing harmful reactions or complications must be kept at a minimum.
4. Due regard must be had for the age period at which a particular disease risk is at its greatest.

Obviously, no programme will completely fulfil all the ideal requirements; it will necessarily be a compromise and will need revising from time to time. Furthermore, regard must be had to the fact that the numbers of effectively vaccinated and immunised children in the community tends to drop sharply unless constant effort is made to encourage the parents to take advantage of the protection offered. Particular attention must be paid to those children who are not regular attenders at infant welfare centres.

VACCINATION AGAINST POLIOMYELITIS

Poliomyelitis is a serious disease. It can cripple for life - it can even kill. Vaccination reduces the chances of contracting the disease to negligible proportions. In those very few cases in which the disease is contracted in spite of vaccination, the effects are far less serious than in the unvaccinated. Parents having their children vaccinated have their minds set at ease knowing that one of the terrors of childhood and early adulthood has been reduced, if not eliminated altogether. Many millions of people have already received the vaccine and, as a result, the number of cases of poliomyelitis has been dramatically reduced to a small fraction of its former magnitude. But until such time as the whole population has been vaccinated, the risk of contracting the disease, or of a small epidemic starting amongst the unvaccinated, remains very real indeed.

Most of the vaccine used nowadays is the oral type (given by mouth), in the case of babies, a few drops of the vaccine are dropped directly into the baby's mouth or given with a teaspoonful of syrup. In the case of older children and adults, the vaccine is taken on a lump of sugar.

VACCINATION AGAINST SMALLPOX

TABLE 50

Smallpox Vaccination for year ended
31st December, 1970. Persons aged under 16.

Age at date of Vaccination	Number of Persons Vaccination (or Re-vaccinated during period)	
	Number Vaccinated	Number Re-Vaccinated
0-3 months	-	-
3-6 months	1	-
6-9 months	2	-
9-12 months	1	-
1 year	14	-
Total under 2 years	18	-
2-4 years	14	1
5-15 years	6	141
Total (persons)	38	142

IMMUNISATION AGAINST DIPHTHERIA, WHOOPING COUGH AND TETANUS

Although a considerable number of children are vaccinated against diphtheria, there is considerable room for improvement. Mothers of new born babies are sent a special letter by me pointing out the importance of having their babies immunised against diphtheria, whooping cough and tetanus. Health Visitors also advise parents on this matter and so do the excellent publications by the British Medical Association and Advertisers giving advice to mothers on how to bring up their babies. Nevertheless, only about two thirds of the mothers have their babies immunised.

Almost all children who attend infant welfare clinics are immunised and it is proposed, as was done in 1965, to conduct a special drive to persuade parents of children who do not attend our clinics to have their babies protected against these diseases which can disable children or cause untimely death.

The following tables indicate the courses of treatment against poliomyelitis, Diphtheria, Whooping Cough and Tetanus given in 1970.

Full Courses of treatment against Poliomyelitis, Diphtheria,
Whooping Cough and Tetanus.

Vaccination of Persons under 16 years completed during 1970.

TABLE 51 - Completed Primary Courses - Number of persons under age 16.

Type of Vaccine or Dose	YEAR OF BIRTH					Others Under Age 16	Total
	1970	1969	1968	1967	1963 to 1966		
1. Quadruple D.T.P.P.	-	-	-	-	-	-	-
2. Triple D.T.P.	2	504	191	16	7	1	721
3. Diphtheria/ Pertussis	-	-	-	-	-	-	-
4. Diphtheria/ Tetanus	-	-	6	5	16	2	29
5. Diphtheria	-	-	-	-	-	-	-
6. Pertussis	-	-	-	-	-	-	-
7. Tetanus	-	-	1	1	-	13	15
8. Salk	-	-	-	-	-	-	-
9. Sabin	2	502	219	58	58	11	850
10. Measles	-	13	34	84	93	44	268

TABLE 52 - Reinforcing Dose - Number of persons under age 16.

Type of Vaccine or Dose	YEAR OF BIRTH					Others Under Age 16	Total
	1970	1969	1968	1967	1963 to 1966		
1. Quadruple D.T.P.P.	-	-	-	-	-	-	-
2. Triple D.T.P.	-	-	-	-	-	-	-
3. Diphtheria/ Pertussis	-	-	-	-	-	-	-
4. Diphtheria/ Tetanus	-	3	6	12	736	7	764
5. Diphtheria	-	-	-	-	4	-	4
6. Pertussis	-	-	-	-	-	-	-
7. Tetanus	-	-	2	3	8	18	31
8. Salk	-	-	-	-	-	-	-
9. Sabin	-	2	4	12	738	110	866

PREVENTION OF ILLNESS - CARE AND AFTER-CARE

The risk of breakdown, after in-patient treatment and a consequential re-admission to hospital, depends in large measure on the quality of home care available. It is generally recognised that the family doctor has a special part to play in weighing the circumstances of individual cases, deciding what is needed and advising his patient accordingly. But there is often much he would like to do for a patient that he cannot accomplish unaided, e.g. re-housing, home-help, after-care for the mentally ill, home nursing, etc. Such needs may be apparent but their fulfilment is usually beyond the resources of the family doctor. To meet them, a range of non-medical help is available which may conveniently be referred to as CARE and AFTER-CARE.

Widely interpreted, the expression includes services provided by :-

- (1) Hospital authorities (the almoner service);
- (2) local health authorities;
- (3) the Ministry of Labour (rehabilitation schemes, disablement, rehabilitation officers);
- (4) certain industrial undertakings (rehabilitation schemes).

Care and after-care services are intended to support medical services, with the object of securing as complete a recovery as possible and here we are concerned with the duties of the local Health Authority under Part III of the National Health Services Act, of 1946.

TABLE 53

SCHOOL HEALTH EDUCATION PROGRAMME

Subject	No.of talks
Dental Hygiene	576
Hygiene	487
Prevention of Accidents	57
Smoking and Health	52
Nutrition: Food Hygiene	19
Feet and Posture	99
Preparation for Parenthood (including sex education, V.D. and menstruation)	39
Mothercraft	5
Drug Addiction	NIL

Subject	No. of talks
Others :-	
Habit Training	2
Nail Biting	1
Rubella	12
Measles	3
German Measles	2
General Health	2
Dental Health	2
Rules of Health	6
Anatomy of Human Body	1
Problem Families	1
Personal Problems	1
Vision Testing	5
Care of Eyes	12
Care of Hair	13

The following table indicates the number of deaths in the Rhondda from Bronchitis and lung cancer in 1970 :-

TABLE 54

BRONCHITIS

	Male	Female	Total
1961	115	30	145
1962	83	22	105
1963	75	27	102
1964	85	26	111
1965	79	14	93
1966	88	26	114
1967	66	16	82
1968	79	15	94
1969	—	—	—
1970	86	19	105

The death rate in the Rhondda among men from Bronchitis is approximately twice as high as that for England and Wales.

TABLE 55
LUNG CANCER

	Male	Female	Total
1961	28	1	29
1962	30	2	32
1963	28	2	30
1964	44	2	46
1965	38	9	47
1966	36	4	40
1967	37	4	41
1968	39	6	45
1969	-	-	-
1970	47	6	53

PREVENTION OF ACCIDENTS

Health Visitors, Midwives, Home Nurses and Home Helps are given guidance on the advice they should give to householders on how to avoid accidents. Home Helps are not normally asked to act as health educators but, as they regularly visit aged and infirm people who live alone, they are ideally suited for this task.

The loss of life due to accidents in the home is considerable. Fatal accidents in the home are more frequent than on the roads and the risk of death in this country from accidents has been illustrated in this way.

Railway Accidents:	A little less than one death a day.
Air Accidents:	One death every four days.
Road Accidents:	Nineteen deaths a day.
Home Accidents:	Twenty-three deaths a day.

TABLE 56

Number of deaths attributed to
accidents in the home - 1970.

MALES

Type of Accident	Under 1	1+	2-4	5-54	55-64	65-74	75+	Total
		N	I	L				

FEMALES

Type of Accident	Under 1	1+	2-4	5-54	55-64	65-74	75+	Total
Fall at Home	-	-	-	-	1	-	-	1

PROBLEM FAMILIES

Voluntary agencies and statutory authorities up and down the country have long been aware that there exists a hard core of unfortunate families needing a great deal of care, supervision and help. Their cost to the community in terms of money and services is also well known and the records of health and welfare departments contain ample evidence that a great deal of time of local authorities and other bodies has to be devoted to these families and the problems they create.

Although the problem family is hard to define, it is not usually difficult to identify in practice. Overcrowding, uncleanness and bad management are the rule and mental backwardness and temperamental instability are common factors. One outstanding characteristic common to all problem families is that one or more members of the family is weak in character and lacking in resolve, so that the family, as a whole, does not maintain, unaided, the standards of cleanliness and social conduct demanded by the community.

During 1970, a Co-ordination Committee consisting of various social workers met every other month under my Chairmanship to discuss the problem families in the Borough of Rhondda.

Reports on individual families were prepared for the Committee by Health Visitors who regularly visit them, and considerable material aid in the form of bedding, clothing, furniture, etc., was afforded them via voluntary agencies such as the W.V.S.. During the year, 4 families were supervised by the Committee and 2 families remained under supervision. Often, little progress is made, which can be disheartening, but there is no doubt that without the support given to these families by members of the Committee, the families would deteriorate still further. Obviously, a problem family can only be effectively dealt with if the services provided are of a comprehensive nature. The Family Case-Worker - a worker who is willing and able to teach dull, uncomprehending housewives, to roll up his sleeves and work in problem households, to help personally with cleaning and decorating, repairing broken furniture and doing all kinds of odd jobs, can reclaim a proportion of problem families. Anything less than this will prove to be inadequate and merely "scratching the surface" of the problem.

TUBERCULOSIS

Respiratory tuberculosis is certainly a gradually disappearing disease in Britain accounting for only a fraction of the deaths attributable to it in past years. In particular, the decline in the last decade is attributed by most authorities to the effects of new antibiotics such as streptomycin. Provided the rate of progress continues, there is a possibility that the disease may become as rare in this country in ten years' time as diphtheria has become today.

Briefly, the following are the measures that need to be stressed in the control of the disease :-

- (1) A strict control of individuals affected by the disease, including a thorough tracing of contacts.
- (2) B.C.G. vaccination for adolescents and individuals and groups at special risk.
- (3) Adequate immigration laws and procedures to prevent unascertained open cases of tuberculosis from entering the country.

In 1970, there were 23 notified cases of pulmonary tuberculosis compared with 25 cases in 1969, as the undermentioned table shows.

TABLE 57
Notifications of Respiratory Tuberculosis by Sex and Age.

	Age Range										
	0-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65 & over	Total
1960 Male	1	-	-	3	2	2	8	14	12	6	48
Female	-	2	1	5	3	4	1	3	-	-	19
1961 Male	1	1	-	1	1	2	4	9	8	5	32
Female	-	-	-	-	2	2	2	3	1	1	11
1962 Male	2	1	-	-	4	4	4	8	8	8	39
Female	-	-	-	3	4	5	1	-	1	-	14
1963 Male	-	-	-	2	1	1	1	4	9	8	26
Female	-	-	-	1	2	2	3	1	1	-	10
1964 Male	-	1	-	-	1	1	6	12	8	10	39
Female	1	1	-	2	6	2	1	1	-	-	14
1965 Male	-	-	-	1	2	1	3	10	6	7	30
Female	1	-	-	5	2	3	1	-	1	2	15
1966 Male	-	1	-	-	2	2	1	4	13	6	29
Female	-	-	-	1	2	-	2	-	-	-	5
1967 Male	-	1	-	1	-	1	4	3	5	3	18
Female	-	-	-	-	-	1	1	-	-	-	2
1968 Male	-	-	-	1	1	-	2	4	2	8	18
Female	-	-	-	1	-	-	1	2	1	2	7
1969 Male	1	-	-	-	1	1	1	1	9	4	18
Female	-	1	-	-	-	2	1	1	2	-	7
1970 Male	-	1	-	-	1	2	-	3	5	8	20
Female	-	-	-	-	-	1	-	1	1	-	3

B.C.G. VACCINATION FOR SCHOOL CHILDREN

This vaccine is offered to four groups of people -

- (a) people who have been in contact with tuberculous patients.
- (b) infants born to tuberculous parents.
- (c) school children aged 13 years or over (it can be given to those of ten years and over).
- (d) nurses, doctors, and medical superintendents who come into contact with tuberculous patients.

The following table indicates the number of children vaccinated by Assistant School Medical Officers under the Authority's arrangements.

TABLE 58

Children aged 13 and over

	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970
No. skin tested	1205	1009	1217	921	1038	Nil	282	947	Nil	Nil
No. found positive	205	289	307	242	256	Nil	53	66	Nil	Nil
No. found negative	850	627	910	678	782	Nil	229	881	Nil	Nil
No. Vaccinated	847	557	893	678	781	Nil	226	878	Nil	Nil

B.C.G. protects the school child from tuberculosis and this immunity continues for at least ten years. Unfortunately, because vaccination can be a little painful, a small proportion of school children appear to persuade their parents not to give their consent to vaccination.

Unfortunately, because of the extreme shortage of medical staff in the Department, it was not possible to undertake a programme of B.C.G. vaccination in 1969 nor again in 1970.

AFTER-CARE

The after-care of tuberculous patients is the responsibility of the Health Visitors. In carrying out their duties, they explain to their patients the implications of their illness and show how it can be managed. If the patient has been discharged from hospital with a positive sputum, Health Visitors make investigations into the home circumstances to enable the Authority to decide whether a bed and bedding should be provided in order to isolate the patient from his family when he continues to live at home. Such instances are rare because it is now possible in the majority of cases, for patients with positive sputum to remain in hospital until their sputum is negative. Nevertheless, a long period of chemotherapy is required after bacillae have disappeared from the sputum and health visitors assist in ensuring that the patient recuperating at home co-operates with the Chest Physician in carrying out his advice.

CHIROPODY SERVICE

Loss of mobility due to foot trouble may be a contributory cause of an elderly persons's need for residential care. It can often be prevented by effective and adequate chiropody treatment. Before 1959 chiropody services for the elderly are provided in the main and voluntary organisations. In 1959, local health authorities were authorised to provide chiropody. The great majority of them now provide services direct. Patients obtain the service in local authorities' Clinics and, when necessary, at home.

In the Rhondda Borough, the service is provided free to aged people (i.e. women over 60 years and men over 65 years of age), registered handicapped persons, blind persons and expectant mothers who require chiropody treatment and where the family doctors make a recommendation to this effect. Treatment is given by fully qualified chiropodists at clinics in the Borough and home visits are also made to house-bound patients.

The service is an important one and the demand for it increases day by day. To be of real value, treatment should be regular and continuous. If the interval between treatments is over long, as is the case at the present time, it means that basic treatment must start all over again. This is detrimental to the foot health of the community. Staffing establishment of the service should be on a realistic basis and plans made to staff the service so that the recommended cycle of treatment should not exceed 6 weeks.

During the year, 2,480 persons received treatment compared with 2,464 patients during the previous year.

The following table gives details of the number of patients who received treatment during the year.

TABLE 59
CHIROPODY 1970.

No. of patients who received treatment during the year
1970

Treatment Centre	T o t a l	Aged		Registered Handi- capped Persons				Expect- and Moth- ers	Others	
				Blind		Physically Handicapped				
		M	F	M	F	M	F	M	F	
Ynyswen Clinic	322	67	220	-	2	4	3	-	-	26
Ystrad Clinic	243	37	182	-	-	2	6	-	-	16
Courthouse Clinic	159	29	119	-	1	3	1	-	-	6
Penygraig Clinic	132	27	93	-	-	1	4	-	-	7
Carnegie Clinic	147	30	105	-	-	3	2	1	-	6
Ynyshir Clinic	110	26	70	-	1	2	2	-	-	9
Ferndale Clinic	334	77	223	-	2	1	3	1	-	27
Patient's Home	884	184	640	1	5	21	20	-	-	13

TABLE 59 (Continued)

Treatment Centre	Total	Aged		Registered Handicapped Persons				Expect- and Mothers	Others	
				Blind		Physically Handicapped				
		M	F	M	F	M	F		M	F
Clydach Court, Ferndale House, Pentre House and Fairfield Homes for the Aged	149	63	82	-	-	-	1	-	1	2
TOTALS	2,380	540	1734	1	11	37	42	2	1	112
No. of treatments given during the year, 1970.	6,354	1332	4434	4	26	113	133	6	1	305

The following table shows the Chiropody case load at the end of 1970 :-

TABLE 60

Treatment Centre	Awaiting First Treatment	Under Treatment	Total No. of Patients
Clydach Court, Pentre House, Ferndale House and Fairfield	-	217	217
Ynyswen Clinic	-	284	374
Ystrad Clinic	-	235	275
Courthouse Clinic	-	148	188
Trealaw Clinic	-	140	173
Penygraig Clinic	-	119	155
Ynyshir Clinic	1	112	132
Ferndale Clinic	-	304	392
Patient's Home	6	696	896
TOTALS	7	2,255	2,802

PROVISION OF CONVALESCENCE

Arrangements are made for convalescent holidays to be provided to patients on medical advice to The Rest Convalescent Home, Porthcawl. The number of bed weeks allocated to the Borough is 90. A large number of applications are received, and in the case of the chronic sick, priority is given to patients who have not been to The Rest before.

TABLE 61

MEDICAL COMFORTS - YEAR ENDED DECEMBER,
1970

Item	No. Requested	No. Issued
Rubber Sheeting	37	14
Bed Rests	121	111
Bed Pans	56	42
Walking Aids	76	68
Urinals	56	45
Wheelchairs	70	40
Walking Sticks	92	87
Commodes	66	26
Crutches	42	35
Cradles	30	27
Air Rings	37	33
Foam Pads	48	45
Feeders	3	3
Bed Boards	16	2
Rubber Mattresses	7	Nil
Oxford Hoists	1	1
Aid Bed	Nil	Nil
Enuresis Alarms	53	12
Rubber Pants	1	1
Sputum Mugs	2	2
	814	594
Number of medical comforts issued by Home Nurses		54
Number of medical comforts issued by the Office		540
		594

HOME HELP SERVICE

The Home Help Service should not be regarded as a separate welfare service complete in itself, but is best seen as complementary to the domiciliary nursing services and the hospital services. The nursing of the chronic sick at home and the care of the aged and infirm has become a prominent feature of our times and the joint effect of the home help and domiciliary nursing services in relieving the pressure on hospital accommodation and improving the desired turnover of hospital beds is an important contribution to the National Health Services.

Most of the cases require the services of a home help for a long period of time and here again, as with other services, we are faced with high costs. Many chronic sick cases and most elderly people have incomes which qualify them for the free services of a home help. Thus more and more, it is found that larger numbers of home helps are having to work in homes from which the service receives no income.

The home help service has become a very important part of the Local Health Authority's work. The Minister of Health emphasises the fact that in the future, more importance is to be placed upon "community care" and, consequently, it can be assumed that the home help service is to play an increasingly important part in the future of the Health Services.

It is the intention of the local Health Authority under its present proposals for the development of community care (ie. its Ten-Year Plan) to increase its home help establishment two-fold.

The County Council have agreed that the ratio of home helps in the Rhondda shall continue to exceed that for the County as a whole. At present, about one-sixth of the home helps have been allocated to the Rhondda Borough and the County Council propose to continue this arrangement.

The following table indicates the type of household which received assistance in 1970 and comparative figures for previous years are shown.

TABLE 62

	<u>1961</u>	<u>1962</u>	<u>1963</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>	<u>1967</u>	<u>1968</u>	<u>1969</u>	<u>1970</u>
Maternity	11	6	7	4	5	4	7	7	2	2
Tuberculosis and										
Chronic Sick	53	41	7	129	165	147	162	178	176	189
Aged	645	663	777	730	870	887	964	1023	1021	1047
Blind	17	24	8	2	8	9	9	8	12	13
Mental	-	7	8	22	2	3	4	6	2	3
Others	7	-	-	-	13	12	13	18	17	9
	<u>733</u>	<u>741</u>	<u>818</u>	<u>887</u>	<u>1063</u>	<u>1062</u>	<u>1159</u>	<u>1240</u>	<u>1230</u>	<u>1263</u>

In conclusion, I wish to pay tribute to the remarkable way in which the Rhondda home helps do their work under the guidance of the Home Help Organiser, Miss M. E. Bowen. The home help service is very much a personal service and householders can become attached to their home helps and look forward to their weekly visits. When old people are ill or troubled, it is the home help that they invariably send for. Because of this closeness that exists between the home help and her patients, the home help notifies me, through her supervisor, of any impending breakdown, so that the general practitioner can be informed and greater support given from the home nursing and health visiting services.

MENTAL HEALTH SERVICE

Community Care

A normal person relies on those with whom he lives and works for understanding, sympathy and co-operation. When there is mental disorder, these supports may be seriously undermined or even destroyed. The mental health services therefore, aim at strengthening them or constructing others in their place. Here the main need is for an effective body of social workers, including mental welfare officers, working closely with general practitioners and hospital staff. By providing a personal service of advice and support for the mentally disordered and for their families, the social worker can do much to prevent a breakdown either of the mentally disordered person, or of his social relationships, to obviate the need for admission or readmission to hospital, or to aid rehabilitation. Through personal contact, the social worker can also establish what other services are appropriate and try to ensure that the mentally disordered and their relatives take proper advantage of them.

One can expect a ratio of at least 2 mentally ill persons and 3 mentally subnormal persons per thousand population living in the community who will need community care. The Younghusband Report considered that an area with a population of 100,000 should have one psychiatric social worker and four mental health officers, a total of five officers.

In the Rhondda, officers dealing with the community care of the mentally ill are referred to as Health Welfare Officers.

During the year, Health Welfare Officers maintained close links with general practitioners, after-care visits were made to mentally ill patients at the request of medical superintendents of hospitals and written reports by the Health Welfare Officers are sent at regular intervals to the medical superintendent concerned. The progress of particular patients is discussed at monthly intervals held between the consultants and the health welfare officers. Most patients and their relatives are very appreciative of the advice and support given by these officers.

The modern view of mental illness and subnormality was expressed in the Report of the Royal Commission on the Law relation to Mental Illness and Mental Deficiency (1957), namely that the conditions are not fundamentally different from physical illness, injury or malformation in any respect which matters in the provision of remedial services.

Important trends have included :

- (1) The encouragement of voluntary hospital admission and treatment.
- (2) The treatment of mental illness in general hospitals and the establishment of acute Psychiatric units for outpatients treatment.
- (3) A shift in emphasis from care in hospital to care in the community.
- (4) More extensive provision for care and after care by local authorities and also hostel accommodation.
- (5) The encouragement of activity varying from occupational therapy, pure and simple, to paid industrial or other work.
- (6) A more liberal attitude towards the freedom of movement of patients both in hospital and outside and a rejection of the old regime of locked doors and padded cells, facilitated by tranquillising and other drugs developed in recent years.

The intention underlying these trends has been a desire to retain the social and occupational roots of the mentally disordered in the community to which they belong and preferably, in their own homes, and to reduce the duration of hospital stay (where considered necessary) to a minimum.

TABLE 63

Number of Mentally Handicapped Patients-31.12.70.

[illegible]

TABLE 64

	Number of Mentally ill Patients				Total of all groups of mentally disordered Patients (Mentally Ill and Mentally Handicapped)				
	Under Age 16		16 and Over		Under Age 16		16 and Over		Grand Total
	M	F	M	F	M	F	M	F	
Total	-	-	73	122	11	11	169	183	374
Attending Day Training Centre	-	-	-	-	8	9	24	14	55
Receiving home visits but not receiving care at Training Centre, Hostel or home training	-	-	-	-	-	-	-	-	-

TABLE 65

No. of Patients referred to local Health Authority in 1970.
-----Mentally Ill-----

	Mentally Ill			Psychopathic	
	Under Age 16	16 and Over		16 and Over	
		M	F	M	F
General Practitioners	-	45	57	-	-
Hospitals, on Discharge from in-patient treat- ment	-	41	54	-	-
Hospitals after or during out-patient or day treatment	-	9	8	-	-
Police Courts	-	4	4	-	-
Other sources	-	11	24	-	-
Total	-	110	147	-	-

TABLE 66

No. of Patients referred to local Health Authority in
1970

	Subnormal				Severely Subnormal			
	Under Age 16		16 and Over		Under Age 16		16 and Over	
	M	F	M	F	M	F	M	F
General Practitioners	-	-	-	-	-	-	-	-
Hospitals, on discharge from in-patients treatment	-	-	-	-	-	-	-	-
Hospitals after or during out-patient or day treatment	2	-	-	-	-	-	-	-
Local Education Authorities	-	-	1	1	-	-	-	-
Police and Courts	-	-	-	-	-	-	-	-
Other sources	-	-	1	-	-	-	-	-
TOTAL	2	-	2	1	-	-	-	-

TABLE 67

Community Care Visits undertaken by Health Welfare Officers
in 1970.

Community Care Visits		Subnormal Visits	
M	F	M	F
773	2042	414	322

Miscellaneous Visits

378

Non-effective Visits

250

W E L F A R E S E R V I C E S

These Services were re-delegated in September, 1971 and reports relating thereto for the year 1970 are included in the Annual Report of the Director of Social Services for the County of Glamorgan.

RHONDDA BOROUGH COUNCIL - COMMITTEE FOR EDUCATION

THE

A N N U A L R E P O R T

of the

BOROUGH SCHOOL MEDICAL OFFICER

to the

RHONDDA COMMITTEE FOR EDUCATION

FOR THE YEAR 1970

Aldermen

Councillors

Co-opted Members

County Alderman

Clerk to the Committee	-	W. Noel Thomas, Solicitor
Borough Education Officer	-	W. Aylwyn Jones, B.Sc., Ll.B.
Borough Architect	-	C. Gingell, A.R.I.B.A., A.R.I.C.S.
Borough School Medical Officer	-	J.A.Mason, M.B., B.Ch., B.Sc., D.P.H.

Assistant School Medical Officers:

S. Sarkar, M.B., B.S. (Calcutta)
R. Sarkar, M.B., B.S. (Calcutta), D.R.C.O.G. (London) (Part Year)
S. Baig, M.B., B.S. (Part Year)

Sessional Medical Officers:

J. Williams, M.B., Ch.B., D.A., B.Sc.
N. Osborn, M.B., Ch.B.
S. Baig, M.B., B.S. (Part Year)

Ophthalmic Medical Practitioners (Sessional)

J. G. Mason, M.B., B.Ch., B.Sc.
A. L. Alban, M.R.C.S., L.R.C.P. (Lond.), D.O.M.S. (Lond.)

Consultant Psychiatrist:

K. W. Aron, M.B., Ch.B., D.P.M.

Educational Psychologist:

B. Tew, B.A., Diph. Psych.

Area Dental Officers:

M. James ap John, L.D.S., R.C.S. (Part Year)
P. F. Murphy, L.D.S., R.C.S., B.D.S. (Part Year)

Senior Dental Officers:

P. F. Murphy, L.D.S., R.C.S., B.D.S. (Part Year)
D. T. Hoskins, B.D.S. (Part Year)

Sessional Dental Surgeons:-

K. Howells, L.D.S., R.C.S. (Eng.), B.D.S. (London) (Part Year)
Alun R. Owen, L.D.S., R.C.S. (Eng.)

Nursing Officer: Health Visitors and School Nurses

Miss M. B. Owen, S.R.N. (Queen's), R.F.N., H.V. Cert., S.C.M.

Administrative Assistant

Glan Evans, C.I.S.

To the Chairman and Members of the
RHONDDA COMMITTEE FOR EDUCATION

Mr. Chairman, Ladies and Gentlemen,

I have the privilege to submit my Annual Report on the work of the School Health Service during 1970. This is my first annual report following my appointment to succeed Dr. R. B. Morley-Davies who left the Authority's service in September. Dr. Morley-Davies had been your School Medical Officer from September 1954 and I have been pleased to have been one of his medical staff during the whole of that period, including service as his Deputy during the past three years.

At the beginning of 1970, Dr. S. Sarkar was the only whole-time assistant medical officer in the Authority's service but she was joined in February by Dr. R. Sarkar, and the whole-time medical staff was re-inforced further in December by the appointment of Dr. S. Baig who had been employed by the Authority on a part-time basis during the previous nine months. Dr. N. C. Osborn continued to give valued service on a sessional basis.

The dental service suffered another complete change of whole-time dental officer personnel during the year and I refer to this in my observations included in the body of this report.

I should like to record my appreciation of the help and assistance afforded me by the Chairman and Members of the Committee for Education, by the Borough Education Officer and his Staff and also the staff of the School Health Service.

Yours faithfully,

J. A. MASON

Borough School Medical Officer.

Health Services Section,
Municipal Offices,
PENTRE,
Rhondda.

12th November, 1971.

1. ESTABLISHMENT OF MEDICAL OFFICERS

The following medical officers were available for work within the school medical service during 1970 :-

- (1) Dr. S. Sarkar
- (2) Dr. R. Sarkar (Part Year)
- (3) Dr. S. Baig (Part Year)
- (4) Dr. N. C. Osborn (Sessional)
- (5) Dr. J. Williams (Sessional)

The type of work carried out by session and individual doctor is shown in Table I.

TABLE I

Table showing distribution of doctor's time by type of work carried out

	Routine M.I.	B.C.G. Vacc.	Immun. and Polio Vacc.	M. & C.W.	Others School Clinics Dental Clinics Specials, etc.
(1) Dr.S.Sarkar	136	-	36	38	75
(2) Dr.R.Sarkar	18	-	5	359	22
(3) Dr.S.Baig	82	-	3	105	6
(4) Dr.N.C.Osborn	64	-	23	91	26
(5) Dr.J.Williams	-	-	-	-	68

2. ROUTINE MEDICAL INSPECTION

During 1970, this type of examination was again restricted to entrants and any pupils at Primary Schools who had not been previously examined. Table II shows the number of Pupils examined by year of birth.

TABLE II

Distribution of pupils undergoing routine medical examination by year of birth and physical condition			
Age Groups Inspected (By years of birth)	Physical condition of pupils inspected		
	No.of pupils inspected	Satisfactory No.	Unsatisfactory No.
1966 and later	1,732	1,732	-
1965 ...	630	630	-
1964 ...	131	131	-
TOTAL	2,493	2,493	-

3. AUDIOLOGICAL SERVICE

(i) Routine testing of children for hearing defects

The screening of pupils for hearing defects was continued during the year at primary schools with particular attention being paid to "new entrants" and to those pupils who were absent during previous visits to their schools. The same method of screening was used as in previous years, namely, the "picture- card whisper test", and the fact that it is a very acceptable test for children is well illustrated in that only six out of 1,303 pupils were reluctant to co-operate. The overall absentee rate was rather higher than previously found but every effort was made to try to see the absentees during subsequent visits to their schools.

TABLE III

The following table summarises the total number of children tested in the schools visited, the number of absentees, the number of unco-operative children and the number who failed the "whisper test".

No. of children tested	No. of unco-operative children	No. of absentees	No. of failures
1,303	6	171	80

(ii) Hearing Assessment Clinics

The assessment of hearing by pure-tone audiometry was continued in sessions held at the Authority's clinics manned by the Teacher of the Deaf and a Clinic Nurse qualified to undertake this assessment. The children examined included all the pupils who failed the "whisper card test" at school and 171 pupils referred from other sources, e.g., school medical inspection, educational psychology service, parents and teachers, making a total of 251 children.

Any child who is thought to have a condition amenable to treatment, is referred for E.N.T. specialist examination, while other children with significant hearing loss are kept under observation and re-examined periodically. Significant hearing loss is usually accepted as a hearing loss greater than 30 decibels in both ears, but any child with a lesser loss who gives a history of an ear, nose and throat condition, will also be kept under observation, just as will any child who may have normal hearing in one ear but relatively poor hearing in the other.

The results of assessments during 1970 were as follows :-

Satisfactory hearing	58
Referred for E.N.T. specialist opinion	70
Referred for further observation	<u>123</u>
	<u>251</u>

The 155 children referred for further observation were all seen again during the year with results as follows :-

Satisfactory hearing	32
Referred for E.N.T. specialist opinion	10
To continue under observation	<u>81</u>
	<u>123</u>

4. DENTAL TREATMENT

The year under review provided yet another complete change of whole-time dental officer personnel. Mr. D.T.Hoskins, Senior Dental Officer, resigned in May to take an appointment elsewhere in Glamorgan and he was succeeded in August by Miss P.F.Murphy. In October, Miss Murphy was appointed Area Dental Officer, following the resignation of Mr. M.James ap John from that post.

In addition, Mr. K. Howells was appointed in October on a sessional basis, working for six sessions each week, while Mr. Alun R. Owen continued to work one session weekly. The two dental auxiliaries remained throughout the year in whole-time service, with their time being devoted both to the treatment of children, under the supervision and direction of a dental officer, and to the promotion of dental health education at schools in the area.

Despite the changes in personnel, continuity of treatment was maintained very well at the two main treatment centres at the clinics situated at Ystrad and Ferndale, respectively, and a summary of the work undertaken is given in Table V of the Appendix to this report.

5. DEFECTIVE VISION

During 1970, 1,880 children were examined at local authority refraction clinics compared with 1,583 in the previous year and 550 prescriptions for glasses were issued.

96 children were referred for further investigation by the Consultant Ophthalmologist at Llwynypia Hospital.

6. SPEECH THERAPY

The Authority's speech therapist terminated her part-time appointment in July, 1970, and during the period when she was available, 171 pupils were seen at her clinics. 111 of these pupils received treatment and 63 of them were discharged as having improved or been cured or where treatment had been discontinued for other reasons. The following table analyses the symptoms of cases treated at Clinics.

TABLE IV

Symptoms of Cases treated at Clinics

Stammering	18
Dyslalia	38
Cleft Palate	2
Deafness	3
Lateral "S"	6
Interdental "S"	7
Rhinolalia (Nasality)	6
Dysarthria	1
Low I.Q.	10
Retarded speech	16
Aphasia	<u>4</u>
	<u>111</u>

Before the speech therapist left, arrangements were made for her to visit all the Infant Schools in the Area to discuss with Headteachers and Class Teachers, the problems of children with speech defects and to give advice regarding speech and language stimulation.

7. INFECTIOUS DISEASE

Table VII shows numbers of notifications of various diseases amongst children during the year.

TABLE V

Cases of Infectious Disease notified during 1970 (under 15 years)

<u>Notifiable Disease</u>	<u>Total</u>
Measles	921
Scarlet Fever	35
Whooping Cough	7
Infective Jaundice	95
Tuberculosis	1

8. CHILD GUIDANCE

During 1970, 74 children were seen by Dr. K. W. Aron, Consultant Child Psychiatrist for Glamorgan, at his regular clinics in Rhondda, now held at Carnegie Welfare Centre, Treallaw, while close co-operation continues to be maintained with Mr. Brian Tew, the Borough's Educational Psychologist.

9. HOSPITALISED ACCIDENTS IN CHILDHOOD

As from the 1st July, 1961, reports of hospitalised accidents in childhood have been made the subject of detailed follow-up. This enables the Health Visitors to re-emphasise the continued need for vigilance in the prevention of accidents at this age. Some of the data obtained has been tabulated in the following three tables with comparative data for 1969.

TABLE VI

Table showing age and sex distribution of hospitalised accidents

Age Group Years	Male		Female		Total	
	1969	1970	1969	1970	1969	1970
0-	-	1	1	1	1	2
1-	38	28	21	18	59	46
5-	13	11	6	4	19	15
10 - 15	6	9	2	3	8	12
All Ages	57	49	30	26	87	75

TABLE VII

Table showing distribution of accidents by day of occurrence

Day of Week	No. of accidents	
	1969	1970
Monday	9	8
Tuesday	13	19
Wednesday	12	8
Thursday	7	10
Friday	14	4
Saturday	14	11
Sunday	18	15
Total	87	75

TABLE VIII

Table showing distribution of hospitalised
accidents by place of occurrence

A. <u>Accidents at Home</u>		-	57
(1) <u>Inside</u>		(2) Outside (Garden, etc.)	
a. Basement	3	a. Rear	1
b. Ground floor	44	b. Front	2
c. Upper floor	7		

The injuries sustained fall into the following groups :-

a. Falls	..	..	..	3
b. Burns and Scalds	..	..	..	2
c. Others	..	..	..	52

B. <u>Accidents outside home</u>		-	18
(1) In the roadway	-	7, 5 of which were due to falls with 2 due to other causes.	
(2) Vehicular Injuries	-	3, of which the association is shown below.	
a. Pedal cycle	-	2	d. Omnibus -
b. Motor cycle	-	-	e. Goods Vehicle -
c. Car	-	1	
(3) In school	-	1, due to a fall	
(4) In the playground	-	7, 6 of which were due to falls, with 1 due to other causes.	

TABLE IX

Table showing the nature of injuries

Nature of Injuries	No. affected	
	1969	1970
Contusion	-	3
Concussion	8	10
Fracture	13	5
Dislocation and Sprain	-	-
Internal Injury	-	-
Wounds and Lacerations	8	5
Foreign Bodies in Orifice	1	-
Ingestion of Foreign Bodies	55	50
Superficial	2	2
TOTAL	87	75

STATISTICAL APPENDIX

TABLE I

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED
PRIMARY AND SECONDARY SCHOOLS

A. PERIODIC MEDICAL INSPECTIONS

Number of Inspections in the prescribed groups :

Entrants	2,943
Second Age Group	=
Third Age Group	
TOTAL	<u>2,943</u>

Number of other Periodic Inspections -

GRAND TOTAL: 2,943

B. OTHER INSPECTIONS

Number of Special Inspections	1,226
Number of Re-Inspections	475
	<u>1,701</u>

C. PUPILS FOUND TO REQUIRE TREATMENT

NUMBER OF INDIVIDUAL PUPILS FOUND AT PERIODIC MEDICAL INSPECTION TO REQUIRE
TREATMENT (Excluding Dental Disease and Infestation with Vermin)

Age Groups Inspected (1)	For Defective Vision (excluding squint) (2)	For any of the other conditions recorded in Table III (3)	Total Individual Pupils (4)
Entrants	2	92	84
Second Age Group	-	-	-
Third Age Group	-	-	-
TOTAL	2	92	84
Additional Periodic Inspection	-	-	-
GRAND TOTAL	2	92	84

TABLE I (Cont.)

D. CLASSIFICATION OF THE PHYSICAL CONDITION OF PUPILS
INSPECTED IN THE AGE GROUPS RECORDED IN TABLE I.A.

Age Groups Inspected	Number of Pupils Inspected	Satisfactory		Unsatisfactory	
		No.	% of Col(2)	No.	% of Col(2)
(1)	(2)	(3)	(4)	(5)	(6)
Entrants	2,943	2,943	100.0	-	-
Second Age Group	-	-	-	-	-
Third Age Group	-	-	-	-	-
TOTAL	2,943	2,943	100.0	-	-

TABLE II

INFESTATION WITH VERMIN

(i) Total number of individual examinations of pupils in schools by the school nurses or other authorised persons	23,654
(ii) Total number of individual pupils found to be infested	428
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944).	2
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act, 1944)	-

-10-
TABLE III

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR

DEFECT OR DISEASE	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
	Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation
(1)	(2)	(3)	(4)	(5)
Skin	11	59	2	11
Eyes				
a. Vision	2	14	-	10
b. Squint	13	13	-	11
c. Other	1	18	1	5
Ears				
a. Hearing	3	44	-	14
b. Otitis Media	1	16	-	5
c. Other	1	31	-	3
Nose or Throat	37	516	86	55
Speech	12	41	-	2
Lymphatic Glands	1	239	-	3
Heart	2	108	-	12
Lungs	5	87	-	19
Development				
a. Hernia	-	17	-	-
b. Other	2	36	-	-
Orthopaedic				
a. Posture	2	39	-	-
b. Feet	31	303	-	3
c. Other	8	62	-	4
Nervous System				
a. Epilepsy	1	15	-	-
b. Other	-	18	-	-
Psychological				
a. Development	-	25	-	6
b. Stability	-	20	-	4
Abdomen	-	-	-	8
Other	4	43	-	10

TABLE IV

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS

GROUP I - EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of Pupils known to have been treated
External and other, excluding errors of refraction and squint	-
Errors of refraction (including squint)	1,469
TOTAL:	1,469
Number of pupils for whom spectacles were prescribed	550

GROUP 2 - DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of Pupils known to have been treated
Received operative treatment:	
(a) for disease of the ear	-
(b) for adenoids and chronic tonsillitis	-
(c) for other nose and throat conditions	-
Received other forms of treatment	109
TOTAL	109

GROUP 3 - ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of Pupils known to have been treated
Number of pupils known to have been treated at clinics or out-patient departments	242

GROUP 4 - DISEASES OF THE SKIN (excluding uncleanliness)

	Number of Pupils known to have been treated
Ringworm (a) Scalp	-
(b) Body	-
Scabies	12
Impetigo	-
Other skin diseases	66
TOTAL	78

GROUP 5 - CHILD GUIDANCE TREATMENT AND SPEECH THERAPY

	Number of Pupils known to have been treated
Pupils treated	
(a) Under Child Guidance arrangements	74
(b) Under speech Therapy arrangements	111
TOTAL	185

GROUP 6 - OTHER TREATMENT GIVEN

	Number of Pupils known to have been treated
(a) Miscellaneous minor ailments	-
(b) Other	
1. Genito Urinary System	104
2. Digestive System	95
3. Infections	101
4. Epilepsy	38
5. Other Medical Conditions	293
6. Accidents	75
TOTAL	706

TABLE V

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY AUTHORITY 1970

A. ATTENDANCES AND TREATMENT

	Ages 5 to 9	Ages 10 to 14	Ages 15 & over	Total
First visit	687	527	180	1,394
Subsequent visits	2,553	1,549	466	4,568
Total visits	3,240	2,076	646	5,962
Additional courses of treatment commenced	31	57	19	107
Fillings in permanent teeth ..	1,085	1,904	511	3,500
Fillings in deciduous teeth ..	1,916	282	-	2,198
Permanent teeth filled	819	1,621	486	2,926
Deciduous teeth filled	1,469	221	-	1,690
Permanent teeth extracted ..	128	226	87	436
Deciduous teeth extracted ..	901	190	-	1,091
General anaesthetics	297	89	17	403
Emergencies	105	64	19	188
Number of Pupils X-rayed		326		
Prophylaxis		292		
Teeth otherwise conserved		151		
Number of teeth root filled		82		
Inlays		13		
Crown		14		
Courses of treatment completed		627		

B. ORTHODONTICS

Cases remaining from previous year	91
New cases commenced during year	50
Cases completed during year	11
Cases discontinued during year	48
No. of removable appliances fitted	50
No. of fixed appliances fitted	-
Pupils referred to Hospital Consultant	7

C. PROSTHETICS

	5 to 9	10 to 14	15 & over	Total
Pupils supplied with F.U. or F.L. (First time)	-	1	-	1
Pupils supplied with other dentures (First time)	-	3	5	8
Number of dentures supplied	-	5	6	11

D. ANAESTHETICS

General anaesthetics administered by:-

(i) Dental Officers	-
(ii) Medical Officers	403

E. INSPECTIONS

(a) First inspection at school. Number of Pupils	-
(b) First inspection at clinic. Number of Pupils	1,376
Number of (a) + (b) found to require treatment	1,362
Number of (a) + (b) offered treatment	1,342
(c) Pupils re-inspected at school/clinic	337
Number of (c) found to require treatment	322

F. SESSIONS

Sessions devoted to treatment	1,134
Sessions devoted to Dental Education	51

TABLE VI

HANDICAPPED PUPILS NEEDING SPECIAL EDUCATIONAL TREATMENT AT SPECIAL SCHOOLS OR BOARDING HOMES

Category of Handicap	Ascertained during year	Placed during year	No. of Special Schools or Boarding Homes in January, 1971	No. awaiting places at Special Schools or Boarding Homes
A. Blind	-	-	3	1
B. Partially Sighted	-	1	5	-
C. Deaf	-	1	3	-
D. Partially Hearing	-	-	5	-
E. Physically Handicapped	-	-	7	-
F. Delicate	-	-	-	1
G. Maladjusted	-	-	2	-
H. Educationally Subnormal	1	-	5	1
I. Epileptic	-	-	-	-
J. Speech Defects	-	-	-	-
TOTAL	1	2	30	3

